

Annual Nonprofit Hospital
**Community Benefits
Plan Report**

For the Fiscal Year Ended August 31, 2022

Northwestern Memorial HealthCare
and Subsidiaries
Community Benefits Plan Report
for the Fiscal Year Ended August 31, 2022
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Executive Summary

Northwestern Memorial HealthCare (NMHC) is committed to providing quality medical care, regardless of the patient's ability to pay; educating and supporting a robust healthcare workforce; and building healthier communities through improving access to care, economic and workforce development, and community engagement. NMHC is a nonprofit, integrated academic health system (Health System). The Health System provides world-class care through 11 hospitals,¹ two medical groups,² and more than 200 diagnostic and ambulatory locations to patients across Chicago, all 50 states and more than 100 countries, bringing better medicine, closer to home.

Working together as **Northwestern Medicine**[®] (NM), NMHC and Northwestern University Feinberg School of Medicine (Feinberg)³ share a vision to advance medical care through clinical innovation, breakthrough research and academic excellence to make a positive difference in people's lives and the health of communities. NM has made the tripartite mission of academic medicine — clinical care, education and research — accessible.

Academic health systems are proven innovators and leaders, as evidenced by the many advancements pioneered by NM physicians, scientists and researchers in FY22. NMHC supports some of the nation's most advanced research programs, led by physician-scientists at Feinberg. In FY22, these endeavors were diverse and varied, ranging from the use of artificial intelligence and integrated clinical programs to enhance care delivery, to innovations in kidney and liver transplant and medical advancements following the COVID-19 pandemic. Growth of the Health System has enhanced clinical trials through both geographic and patient population diversity.

NM is helping to address projected shortfalls of healthcare professionals by training the nation's next generation of physicians, nurses, allied health professionals and leaders through robust initiatives to recruit and train healthcare professionals from traditionally underrepresented populations, and to expand medical students' practical experiences through hands-on learning, including with education-centered medical home (ECMH) programs.

The Health System serves a broad and diverse population. Guided by our systemwide Community Benefits

¹ For the time period of this report, fiscal year 2022 (FY22), NMHC was the nonprofit corporate parent of Northwestern Memorial Hospital (NMH), Northwestern Medicine Lake Forest Hospital (NM LFH), Northwestern Medicine Central DuPage Hospital (NM CDH), Northwestern Medicine Delnor Hospital (NM Delnor), Northwestern Medicine Kishwaukee Hospital (NM Kishwaukee), Northwestern Medicine Valley West Hospital (NM Valley West), Northwestern Medicine Huntley Hospital (NM Huntley), Northwestern Medicine McHenry Hospital (NM McHenry), Northwestern Medicine Woodstock Hospital (NM Woodstock), Northwestern Medicine Palos Hospital (NM Palos) and Northwestern Medicine Marianjoy Rehabilitation Hospital (NM MRH).

² For the time period of this report, FY22, NMHC was the nonprofit corporate parent of Northwestern Medical Group (NMG) and Northwestern Medicine Regional Medical Group (NM RMG). In an effort to increase alignment, multiple physician groups have recently merged into NM RMG, including Northwestern Medicine KishHealth Physician Group in September 2018, Centegra Physician Group in May 2019 and Marianjoy Medical Group in September 2019. Northwestern Medicine Palos Medical Group (NM PMG) operations were largely merged into NM RMG in September 2021 with complete merger in October 2022, which is beyond the scope of this report. The unreimbursed cost of care provided to uninsured and underinsured patients served by NM PMG was reported through NM Palos.

³ **Northwestern Medicine**[®] is a trademark of NMHC and is also used by Feinberg. While NMHC and Feinberg share in our mission to put patients first in everything we do and work together to provide world-class medical care to our patients, Feinberg is not a corporate member of NMHC.

Plan and Community Health Needs Assessments (CHNA), and in collaboration with long-standing partners in the community, the Health System is committed to serving the community through:

- A. Providing quality medical care, regardless of the patient's ability to pay
- B. Cultivating economic vitality and workforce development
- C. Facilitating community engagement to reduce health inequities

NM's patient-focused mission drives the Health System to be one of the state's leading providers of charity care and services to people on Illinois Medicaid. Supported by our financial assistance and Presumptive Eligibility policies, NMHC continues to provide medically necessary care for patients in our communities who have the most socioeconomic barriers to care. Recent efforts by the Health System to advance health equity include launching a social determinants of health (SDOH) screening tool; cultivating long-standing relationships with community clinical providers, including federally qualified health centers (FQHC) and free community clinics; and by expanding services to bring better medicine, closer to home.

As one of the largest employers in the Chicagoland area, NMHC is committed to improving economic vitality in the greater Chicagoland area and surrounding communities. Central to this strategy are initiatives aimed at expanding an equity-based framework to increase recruitment and talent pipelines from communities that have been historically under-resourced. FY22 systemwide workforce development initiatives included increased hiring programs; promoting diversity, equity and inclusion (DEI) through our staff-led NM Champion Network; youth pipeline programs; and the procurement of supplies and services from local producers.

NMHC hospitals continue to cultivate new relationships while working with long-standing community partners to organize and provide resources to community collaborators addressing health inequities. Understanding the immense impact of SDOH on health outcomes, NM is committed to working with community partners to address SDOH and improve overall health. To better support organizations in our communities, in FY22, NMHC provided more than \$4.5 million in direct funding, inclusive of the \$1.8 million granted as part of the newly launched Northwestern Medicine Community Grant Program. Additional programs included working to address endemic violence and trauma in Chicago, and supporting community-based mental health and substance use programs.

Two recently completed studies analyzed 2019 community benefits data⁴ from tax-exempt hospitals and found that the community benefit by these hospitals largely outpaces foregone federal revenue. Ernst & Young, LLP, reported that nonprofit hospitals in the United States provided approximately \$110.9 billion in community benefit, nearly nine times more than foregone federal revenue in their 2019 tax years. Approximately \$51.1 billion of community benefit results from the financial assistance, unreimbursed Medicaid, and other unreimbursed care provided by these hospitals.⁵ A similar report produced by the American Hospital Association (AHA) found that a significant portion of expenses at tax-exempt hospitals is

⁴ The most recent data available.

⁵ *Estimates of the federal revenue forgone due to the tax-exemption of non-profit hospitals compared to the community benefit they provide, 2019, Prepared for the American Hospital Association, Ernst & Young, LLP. (2022).* <https://www.aha.org/system/files/media/file/2022/06/E%26Y-Benefit-of-of-Tax-Exemption-Report-FY2019-FINAL-with-links.pdf>. The \$110.9 billion in community benefits provided by U.S. tax-exempt hospitals is an increase from the same study performed in 2019 that found \$95 billion in community benefits.

attributed to providing a broad range of programs benefiting the communities they serve.⁶ In Illinois, hospitals annually contribute more than \$6.4 billion in community benefits.⁷ Despite these contributions, tax-exempt hospitals continue to be closely scrutinized at the local, state and federal levels for the amount and type of benefits provided to the community.

NMHC is committed to benefiting the communities we serve. In FY22, NMHC contributed more than \$1.253 billion, or approximately 17.3% of net patient service revenue, including more than \$1.1 billion in community services and charity care and approximately \$147.5 million in research and education.

While by no means exhaustive, this report offers an in-depth look into the Health System's organizational structure; mission, vision and core values; the communities and populations we serve; the Community Benefits Plan and CHNA process; charity care and financial assistance policies; and highlights of the many community benefits activities implemented across the Health System in FY22.

⁶ Results from 2019 Tax-Exempt Hospitals' Schedule H Community Benefit Reports, American Hospital Association (2022). <https://www.aha.org/system/files/media/file/2022/06/aha-2019-schedule-h-reporting.pdf>.

⁷ Illinois Health and Hospital Association (IHA), Finance, Community Benefits. <https://www.team-aha.org/finance/community-benefits>.

FY22 Charity Care and Other Community Benefits Summary

**SUMMARY OF CHARITY CARE AND COMMUNITY BENEFITS
BASED ON ILLINOIS COMMUNITY BENEFITS ACT
REPORTING STANDARDS
FISCAL YEAR ENDED AUGUST 31, 2022**

Description	Unreimbursed Cost	See Note No.
Charity Care	90,752,502	1
Language Assistance	8,202,294	2
Government-Sponsored Indigent Health Care	908,600,308	3
Donations	4,510,702	4
Volunteer Services (Employee)	161,913	5
Volunteer Services (Non-employee)	62,403	6
Education	83,319,241	7
Government-Sponsored Program Services	---	8
Research	64,168,832	9
Subsidized Health Services	53,780,188	10
Bad Debts	34,249,573	11
Other Community Benefits	5,495,672	12
Total	<u><u>\$1,253,303,627</u></u>	

Note 1: Charity Care – This section of the report includes the unreimbursed cost of care provided to patients who are uninsured or underinsured and served by NMH, NM LFH, NM CDH, NM Delnor, NM Kishwaukee, NM Valley West, NM Huntley, NM McHenry, NM Woodstock,⁸ NM MRH and NM Palos (collectively “the Hospitals”) as well as by NMG and NM RMG.⁹ The cost of charity care for the Hospitals was calculated by applying the total cost-to-charge ratio from each hospital’s Medicare cost report (CMS 2552-96 Worksheet C, Part 1, consistent with the State of Illinois Attorney General Office definition) to the charges on accounts identified as qualifying for charity care (as defined in the American Institute of Certified Public Accountants *Accounting and Auditing Guide – Healthcare Organizations*). The resultant calculated cost was then offset by any payments received that were designated for the payment of patient bills qualifying for a charity care discount (as defined in the Healthcare Financial Management Association’s *Principles and Practices Board Statement 15: Valuation and Financial Statement Presentation of Charity Care and Bad Debts by Institutional Healthcare Providers*). NMG and NM RMG are not required to file a Medicare cost report. Internally calculated cost-to-charge ratios specific to NMG and NM RMG were used to determine the cost of charity care for these entities. The resultant calculated cost was then offset by any

⁸ NM Huntley, NM McHenry and NM Woodstock report under Northern Illinois Medical Center, as a single Illinois Department of Public Health (IDPH) hospital license, all billing through a single tax ID.

⁹ The unreimbursed cost of care provided to uninsured and underinsured patients served by NM PMG was reported through NM Palos. On October 3, 2022, NM PMG formally merged into NM RMG. However, patients of NM PMG remain qualified for financial assistance under the Palos Health Financial Assistance Policy.

payments, consistent with the methodology for the Hospitals. **The unreimbursed cost of bad debt, Medicaid, Medicare or any other federal, state or local indigent healthcare program is not included in the unreimbursed cost figure for charity care.**

The costs of charity care in this report differ from NMHC's notes to the consolidated audited financial statements for FY22 where they were calculated by applying a cost-to-charge ratio developed prior to the Hospitals' FY22 Medicare cost reports to charges foregone for charity care. The FY22 Medicare cost reports were completed after the audited financial statements were issued. The costs of charity care for the Hospitals included in this report were calculated using the cost-to-charge ratios from the most recently filed Medicare cost reports for each of the hospitals.

In compliance with revisions to the Illinois Community Benefits Act, NMHC is now reporting costs of charity care and net patient revenue for each of the Hospitals. Individual hospital information is provided under the Form AG-CBP-1 tab of this report.

Note 2: Language Assistance – The cost of language assistance programs includes both the cost of employees and non-employees to provide interpretation services to patients and their family members at NMHC hospitals.

Note 3: Government-Sponsored Indigent Health Care – The cost of government-sponsored indigent health care includes the unreimbursed cost of care delivered through Medicare and Medicaid programs. The unreimbursed cost of Medicare and Medicaid was calculated by applying each provider's overall cost-to-charge ratio to its total Medicare and Medicaid inpatient and outpatient charges, and then subtracting payments received and receivable under these programs. The reimbursement and cost-to-charge ratios exclude direct medical education, as those costs are included as part of the unreimbursed cost of education. The cost-to-charge ratios are also adjusted for costs reported in other categories in this report. The unreimbursed cost of government-sponsored indigent health care for FY22 is reduced by \$99.260 million of net reimbursement received under the Illinois Hospital Assessment Program (HAP) and Affordable Care Act Expanded Access Program.

Note 4: Donations – Donations include the dollar amount recorded during FY22 in accordance with generally accepted accounting principles in the United States as contributions from unrestricted funds to charitable and other community or civic organizations for furtherance of our charitable purposes.

Note 5: Volunteer Services (Employee) – NMHC helps build healthier communities through intentional volunteer service. Employees support numerous activities for the advancement of the community through volunteer efforts, whether of their own initiative or through NM's system-wide employee volunteer program, Team NM. Team NM works closely with local community partners to bring volunteer opportunities to NM staff that align with identified community health needs, NM key initiatives and/or NM programs. Volunteer activities may occur during working or nonworking hours.

Note 6: Volunteer Services (Non-employee) – This includes the total number of hours provided by volunteers at all NMHC entities multiplied by the Illinois minimum wage rate.

Note 7: Education – Unreimbursed education costs include the cost of NMHC's medical residency, fellowship and internship programs, as well as support for FSM medical student education, less any third-party payor reimbursements and fees received.

Note 8: Government-Sponsored Program Services – NMHC does not have unreimbursed costs to report in this section.

Note 9: Research – NMHC provides support to advance medical and scientific research and academic pursuits. The reported support includes the unreimbursed cost of funds provided for research projects and unreimbursed operational infrastructure costs to support clinical research that occurs at NMHC.

Note 10: Subsidized Health Services – Subsidized health services include the uncompensated cost of providing behavioral health services, health education and information, and programs that positively impact the wellness of the community. Costs calculated were offset by any reimbursement received for services provided. The unreimbursed cost for behavioral health services was also adjusted to exclude the unreimbursed cost of charity care and government-sponsored indigent health care detailed elsewhere in this report.

Note 11: Bad Debts – Bad debts represent the provision for uncollectible accounts reported in NMHC’s FY21 audited financial statements related to patient care services adjusted to cost consistent with the methodology used to calculate government-sponsored indigent health care.

Note 12: Other Community Benefits – Other community benefits represent activities conducted by NMHC that benefit residents of the community, including general community-based health and service programs. Costs calculated were offset by any reimbursement received for the services provided.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act established the Provider Relief Fund, through which the United States Department of Health and Human Services (HHS) distributes funds to hospitals and healthcare providers on the front lines of the COVID-19 response. NMHC received CARES Act Provider Relief funds in FY22. NMHC dedicated those funds to direct costs associated with combatting COVID-19, including purchasing personal protective equipment (PPE) for staff, expansion for COVID-19 patient units, COVID-19 testing areas and vaccination clinics at NMHC facilities, among other initiatives. These incremental costs have been identified and tracked separately in compliance with the CARES Provider Relief Funding received and are not included in the above summary of Charity Care and other Community Benefits amounts.

About the Health System

Organizational Information: Northwestern Memorial HealthCare and Its Subsidiaries

NMHC is the nonprofit corporate parent of Northwestern Memorial Hospital (NMH); Northwestern Lake Forest Hospital d/b/a Northwestern Medicine Lake Forest Hospital (NM LFH); Central DuPage Hospital Association d/b/a Northwestern Medicine Central DuPage Hospital (NM CDH); Delnor-Community Hospital d/b/a Northwestern Medicine Delnor Hospital (NM Delnor); KishHealth System (KHS); Kishwaukee Community Hospital d/b/a Northwestern Medicine Kishwaukee Hospital (NM Kishwaukee); Valley West Community Hospital d/b/a Northwestern Medicine Valley West Hospital (NM Valley West); Centegra Health System (CHS) including Northern Illinois Medical Center d/b/a Northwestern Medicine McHenry Hospital (NM McHenry), Northwestern Medicine Huntley Hospital (NM Huntley) and Memorial Medical Center d/b/a Northwestern Medicine Woodstock Hospital (NM Woodstock); Palos Community Hospital d/b/a Northwestern Medicine Palos Hospital (NM Palos); Northwestern Medicine Marianjoy Rehabilitation Hospital (NM MRH); Northwestern Medical Faculty Foundation d/b/a Northwestern Medical Group (NMG); Central DuPage Physician Group d/b/a Northwestern Medicine Regional Medical Group (NM RMG);¹⁰ Northwestern Memorial Foundation (NMF); and other subsidiaries. NMHC may also be referred to throughout this report as “the Health System.” NMHC is submitting this Annual Report on Community Benefits for the fiscal year ended August 31, 2022 (FY22), on behalf of each of its member hospitals and the Health System.

Our Mission, Vision and Values¹¹

Whether directly providing patient care or supporting those who do, every Northwestern Medicine employee and physician has an impact on the quality of the patient experience and the level of excellence we collectively achieve. This knowledge, expressed in our shared commitment to a single, patient-focused mission, unites us.

Mission

Northwestern Medicine is a premier, integrated academic health system where the patient comes first.

- We are all caregivers or someone who supports a caregiver.
- We are here to improve the health of our community.
- We have an essential relationship with Northwestern University Feinberg School of Medicine.
- We integrate education and research to continually improve excellence in clinical practice.
- We serve a broad community and bring the best in medicine closer to where patients live and work.

Vision

To be a premier, integrated academic health system that will serve a broad community and bring the best in medicine — including breakthrough treatments and clinical trials enhanced through our affiliation with Northwestern University Feinberg School of Medicine — to a growing number of patients close to where they live and work.

¹⁰ The operations of Palos Medical Group, LLC, d/b/a/ Northwestern Medicine Palos Medical Group (NM PMG), were largely merged into NM RMG on September 1, 2021. Merger was finalized on October 3, 2022. The unreimbursed cost of care provided to uninsured and underinsured patients served by NM PMG in FY22 was reported through NM Palos.

¹¹ <https://www.nm.org/about-us>

Values

- **Patients first:** Putting our patients first in all that we do
- **Integrity:** Adhering to an uncompromising code of ethics that emphasizes complete honesty and sincerity
- **Teamwork:** Team success over personal success
- **Excellence:** Continuously striving to be better

The Health System

NMHC is committed to improving the health of communities we serve. Access to world-class patient care is available across Chicagoland and Northern Illinois. Nearly 39,500 physicians, nurses, allied health professionals, clinical support staff and administrative employees, as well as hundreds of volunteers, support delivery of quality medical care to the Health System's patients. The Health System trained 900 residents and fellows in FY22. Serving a broad and growing patient base while achieving top patient outcomes, the Health System has provided care to patients from all 50 states and more than 100 countries through on-site care and clinical partnerships. In FY22, the Health System had more than 132,000 inpatient admissions and more than 3.35 million outpatient encounters.

Anchored by NMH, the No. 1 hospital in Illinois,¹² the Health System brings academic medicine closer to where patients live and work. From emergent and acute care to critical access and specialized rehabilitative services, a full spectrum of care is provided at hundreds of sites across the region, including at 11 hospitals:¹³

- Northwestern Memorial Hospital in Chicago
- Northwestern Medicine Lake Forest Hospital in Lake Forest
- Northwestern Medicine Central DuPage Hospital in Winfield
- Northwestern Medicine Delnor Hospital in Geneva
- Northwestern Medicine Kishwaukee Hospital in DeKalb
- Northwestern Medicine Valley West Hospital in Sandwich
- Northwestern Medicine McHenry Hospital in McHenry
- Northwestern Medicine Huntley Hospital in Huntley
- Northwestern Medicine Woodstock Hospital in Woodstock
- Northwestern Medicine Palos Hospital in Palos Heights
- Northwestern Medicine Marianjoy Rehabilitation Hospital in Wheaton

NM has established multidisciplinary teams of clinicians to develop and adopt evidence-based care pathways for routine and complex conditions, with the goals of enhancing safety and improving efficiency of care. In several specialties, clinically integrated programs deliver seamless patient care throughout phases of a patient's condition, across multiple locations of care, with consistently applied standards of quality. Integration and expansion of key clinical service lines continued across the Health System in FY22.

The Health System opened three new ambulatory care centers in FY22, expanding access to high-quality primary and specialty care throughout Chicagoland. These centers are located in Lake Bluff, Evanston and

¹² 2022 – 2023 Best Hospitals Honor Roll and Medical Specialties Rankings, *U.S. News and World Report*, <https://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview>.

¹³ See Appendix for more information on each hospital.

the Lincoln Square neighborhood of Chicago, and are staffed by NMG physicians. Long-term planning continues for three additional site activations located in the western suburb of Oak Brook as well as the Old Irving Park and Bronzeville neighborhoods of Chicago. The 120,000-square-foot ambulatory care center in Bronzeville is a continuation of NM's more than 20-year commitment to enhance the health and wellness of residents in the community.

The Health System is a recognized leader in delivering excellent outcomes and patient experiences. Engagement initiatives with patients, physicians, employees and the community drive improvement projects that have helped establish NMHC's reputation and attract world-renowned specialists. The Health System remains on the leading edge of care thanks to our relationship with Feinberg.

Relationship With Northwestern University Feinberg School of Medicine

Working together as Northwestern Medicine (NM), NMHC and Feinberg share a vision to transform medical care through clinical innovation, breakthrough research and academic excellence to make a positive difference in people's lives and the health of our communities. NM is a fully integrated academic health system. NMHC, through its affiliates, and Feinberg share a mutual commitment to the tripartite mission of clinical care, teaching and research. NMH is the primary clinical training site for Feinberg, including the graduate medical education programs sponsored by McGaw Medical Center of Northwestern University (McGaw). NMG is the primary faculty practice plan for Feinberg, and NMG physicians with Feinberg faculty appointments participate in the coordination of clinical instruction to clinical trainees of Feinberg.

Expansion of the Health System and increased collaboration has facilitated expansion of medical education across the region. The faculty of Feinberg and NMH work with our campus partners — Ann & Robert H. Lurie Children's Hospital of Chicago and Shirley Ryan AbilityLab¹⁴ — to connect discoveries to the point of care, accelerate scientific breakthroughs and enable comprehensive training experiences. NM LFH operates the Northwestern McGaw Family Medicine Residency at Lake Forest, and its residents also train at Erie HealthReach Waukegan (Erie Waukegan), a local federally qualified health center (FQHC). The Northwestern McGaw Family Medicine Residency at Delnor operates key clinical sites at NM Delnor, Northwestern Medicine Family Medicine Geneva and NM CDH. McGaw residents benefit from exposure to specialty clinical services through rotations across the Health System including in general surgery, neurology, thoracic surgery, reproductive endocrinology and infertility, orthopaedic surgery, pediatrics and emergency medicine, among others.

Historically and ongoing, NMHC has provided substantial financial support to Northwestern University (NU) to advance the academic mission of Feinberg. Initiatives where there is a direct link between funding provided by NMHC to NU for Feinberg activities, including in the realms of research and education, are discussed in this report. Nonetheless, NMHC and NU, including Feinberg, remain separate institutions. As NU and Feinberg are not under the corporate umbrella of NMHC, the value and scope of the community benefits activities provided separately by those institutions are not counted in the NMHC community benefits totals.

¹⁴ Formerly the Rehabilitation Institute of Chicago.

Academic Medicine: Research and Education

As a fully integrated academic health system, NMHC has a tripartite mission to educate the healthcare workforce, support and conduct medical and clinical research, and deliver high-quality patient care. With research and education at the core of what we do, the Health System contributes significantly to supporting the training of the next generation of healthcare leaders — including physicians, nurses, allied health professionals and administrators — and the clinical research necessary to ensure access to quality, innovative care for all.

The Association of American Medical Colleges (AAMC) projects a shortage of up to 124,000 physicians in the United States by 2034, 48,000 of which are anticipated to be primary care physicians.¹⁵ Despite the looming shortfall, government funding for graduate medical education (GME) remained unchanged for nearly 25 years.¹⁶ Many unfunded GME positions — colloquially referred to as “over-the-cap” positions — are financed by academic medical centers (AMCs). Funding over-the cap GME positions to ensure the education and research necessary to train the country’s future healthcare workforce and fund medical advancement results in significant costs to the AMC. In FY22, the Health System absorbed nearly \$147.5 million in unreimbursed costs for medical education and research.

Conduct and Support Breakthrough Research and Innovation

Medical research led by physicians, physician-scientists and researchers spurs innovation and improves clinical outcomes, ultimately improving lives and making medicine better. Academic medicine plays an essential role in the process by providing direct and indirect support, state-of-the-art facilities and interdisciplinary collaboration. NM is committed to superior outcomes, academic excellence and scientific discovery both through support of Feinberg and through funding innovation across the Health System.

Feinberg has a national reputation for excellence. Anchored by NMH, a vibrant AMC, NM attracts and retains dedicated faculty, students, trainees and staff who are constantly pushing the boundaries of scientific discovery, pursuing research that in turn informs education and advances patient care. Research is conducted in all Feinberg departments, institutes and centers, and its scientists are nationally recognized as experts in a multitude of fields. For the 15th consecutive year, Feinberg has placed in the top 20 of research-intensive medical schools. Seven of Feinberg’s specialty programs were recognized as among the best in the nation: Anesthesiology (No. 17), Internal Medicine (No. 15), Obstetrics and Gynecology (No. 6), Pediatrics (No. 14), Psychiatry (No. 15), Radiology (No. 16) and Surgery (No. 13).¹⁷

Feinberg is consistently recognized as a premier research organization, as demonstrated through the amount of funding provided by the National Institutes of Health (NIH). In 2022, Feinberg was ranked No. 15 in NIH funding rankings among all American Medical Schools, up from No. 39 in 2002. In 2021 – 2022,

¹⁵ *The Complexities of Physician Supply and Demand: Projections From 2019 to 2034*, Association of American Medical Colleges, June 2021. <https://www.aamc.org/media/54681/download?attachment>.

¹⁶ As part of the recently passed year-end Consolidated Appropriations Act, 2021, the U.S. will fund an additional 1,000 postgraduate residency positions over five years as part of a Medicare-supported program – the first increase in nearly 25 years. *Congress Passes Historic GME Expansion*, Association of American Medical Colleges (2020). <https://www.aamc.org/advocacy-policy/washington-highlights/congress-passes-historic-gme-expansion>.

¹⁷ *U.S. News & World Report*, Best Medical Schools: Research, 2023. <https://www.usnews.com/best-graduate-schools/top-medical-schools/research-rankings>. Physical therapy, assessed every four years by *U.S. News & World Report*, ranked No. 4 in the nation in 2020. Feinberg’s public health program was ranked No. 24, the second-highest ranking for a U.S. public health program that is part of a medical school.

Feinberg principal investigators secured more than \$448 million in sponsored research funding and awards. While NIH is the primary source of federal funding for medical research, funding for research at Feinberg also comes from multiple additional sources, including NMHC.

NMHC directly supports Feinberg with operational budgets and grants, and additionally provides the clinical setting for teaching as well as the information to conduct research and education. This support allows Feinberg to both attract top talent and develop highly promising physicians and scientists early in their careers. Because of this foundational support, many physician-scientists previously supported by NMHC grants are now working under large, external grants and producing breakthroughs in multiple disciplines.

NM provides patients with access to groundbreaking new treatment options through an ever-evolving roster of promising clinical trials including behavioral health, cancer care, COVID-19, transplant and women's health, among many more. More than 6,000 clinical trials and clinical research studies were conducted in 2022. While teaching hospitals have long been at the leading edge of developing new technologies to prevent, detect, diagnose and treat a broad range of health issues, the Health System's continued geographic expansion has greatly increased access to clinical trials for patients in community hospitals across Northern Illinois. Simultaneously, geographic expansion has improved the diversity of the studies' patient populations, which increases the value of research conducted. The expansion and growth of clinical research across the Health System advances NM's vision to be a premier, integrated academic health system.

NMHC provides significant financial support to cover gaps in funding, leverage extramural funding and directly support research and innovation across the Health System. NM has continued to support research initiatives that span disciplines, departments and divisions despite the many competing challenges facing health care in recent years. In FY22, the net unreimbursed cost of NMHC's contribution to research and innovation was approximately \$64.2 million. Funding from NMHC helped support the research initiatives outlined below, among many more.

Innovating to Improve Care

Innovation in medicine is improving the quality, safety and efficiency of health care, which improves both the patient and provider experience. Advances spur more treatment options, faster diagnoses and innovative prevention methods; facilitate outreach; and improve access to care for communities and the populations we serve. Across the Health System, innovative methods are being implemented to provide better care to our patients. From technological advances in scheduling, to moving to one fully integrated EMR system and picture archiving and communication system for radiology imaging, and from telehealth to the use of artificial intelligence (AI) to assess secondary findings, NM is committed to innovation in support of our patients-focused mission.

In the field of digestive health, NM gastrointestinal (GI) physicians are using AI to advance care across the Health System. Led by John E. Pandolfino, MD, the NM Center for Artificial Intelligence and Mathematics in Gastroenterology is currently operating three main initiatives:

- Developing virtual organs, which can be used to study the effects of surgery and medications
- Developing new hybrid diagnostic tools that use AI and machine learning to enhance diagnoses
- Using machine learning and neural networks to predict disease outcomes

Together, these initiatives are expanding access to, and improving the effectiveness and efficiency of, GI care. AI has the potential to vastly improve providers' ability to accurately predict, diagnose and treat

patients living with digestive diseases. In the area of screening colonoscopy, machine learning and AI are being used to help physicians identify precancerous polyps and cancers at their earliest stages, and in a manner that uses less physician time.

Additional uses of AI are bringing academic medicine to communities that previously did not have such access, including in rural areas. NM's regional growth combined with the development of clinically integrated programs (CIP) and the launch of a virtual gastroesophageal reflux disease (GERD) infrastructure processing unit (IPU) (referred to at NM as the GERDbot) allows patients to use a simple online screening tool to assess their symptoms from the comfort of their homes. If the GERDbot determines that care is needed, patients in the NM service area can access it close to where they live and work. Use of the GERDbot helps distribute patients across the system and provides access to the same level of care no matter which Health System door the patient enters, thus bringing academic medicine closer than ever before. Patients from across Illinois and into neighboring states have used the online screening tool. Through FY22, the GERDbot has generated more than 350 referrals with more than 70 procedures conducted across the Health System. The GERDbot model is spurring additional advances, including a virtual platform to provide gastroenterology across the Health System. The NMHC-supported work of NM physicians has been recognized by the NIH as demonstrated by the award of a \$2.5 million grant.

Multiple NM programs are building on the CIP model. For example, in FY22, the Health System created a first-of-its-kind Hepatology Hub at NM CDH. Capacity challenges at NMH have limited NM's liver transplant program. Through the NM CDH Hepatology Hub, patients can complete liver transplant referral, evaluation, testing and pre-surgery work at NM CDH while they wait for a liver. The patient is then transferred to NMH for the transplant procedure and then transferred back to NM CDH to complete recovery. As needed, rehabilitation services are provided by NM MRH. This model significantly reduces the amount of time the patient spends at the AMC, thus opening up transplant access to more patients.

NM is working to expand use of AI and machine learning as well as CIP models. In FY22, NM announced the creation of the NM Mansueto Innovation Institute, made possible through a generous donation from the Mansueto Foundation. The NM Mansueto Innovation Institute aims to rapidly find, evaluate and activate internal and external solutions for challenges affecting NM patients and care teams today and to optimize future care delivery.

Innovating Kidney and Liver Transplant Research and Care

NM is a leader in kidney and liver transplant in both Illinois and the country. By volume, NM does more kidney and liver transplants than any other provider in Illinois, and is No. 18 in kidney transplant and No. 33 in liver transplant nationally. Among the more than 200 transplant centers in the U.S. currently performing living donor kidney transplants, NM's program is in the top 10.¹⁸

Physician-scientists at NM are working to advance the practice of transplantation. Many studies were led by NM in FY22, ranging from biospecimen storage to immunotherapies and nanotherapeutics. Key clinical advances were made at NM over the past year, including a double-organ transplant of non-matched organs. Additionally, NM physicians are advancing equity in transplantation through targeted outreach programs as well as working to address the stigma around alcoholism and liver transplant.

¹⁸ Transplants By Donor Type, Center, U.S. Transplants Performed: January 1, 1988 – December 31, 2021. Based on OPTN data as of April 12, 2022. Data subject to change based on future data submission or correction.

<http://optn.transplant.hrsa.gov>

NM operates nine research cores to advance transplant. These research initiatives are just a few of the many transplantation research initiatives supported by NM:

- Through the Transplant Biorepository Core, NMH has created a national hub that collects, processes and stores more than 200,000 biospecimens from patients who have had solid organ and stem cell transplants. This work is critical to support active research studies not only at NM, but also nationally. NMH's Transplant Biorepository was named the central biorepository for the Liver Cirrhosis Network, a multi-year trial sponsored by the National Institute of Diabetes and Digestive Kidney Diseases (NIDDK), National Cancer Institute (NCI) and National Institute on Alcohol Abuse and Alcoholism (NIAAA).
- NM's Immune Monitoring Core is investigating immune responses to develop personalized immunotherapies to induce clinical transplant tolerance and to identify biomarkers of transplant tolerance and rejection. As a result of this research, NM physicians were able to bring more patients off of anti-rejection therapy than anywhere else in the world.
- NM physician-scientists are also working to develop nanotherapeutics for kidney transplant. By using nanotherapeutics, these physicians are developing novel approaches to treat and preserve donor organs before they are implanted into the patient.

Pulmonary hypertension is a rare disease that affects the blood vessels in the lungs and the right side of the heart, which weakens the heart and lungs over time. A patient with pulmonary hypertension was admitted to NMH for consideration for both a double-lung and kidney transplant. Further complicating matters, the patient had developed antibodies in her bloodstream that would reject new organs in her body. NMH physicians made the lifesaving decision to accept organs that were not the right match and created a protocol to remove the antibodies from the patient's bloodstream so she would not reject the organs. This protocol involved using medications and circulating the patient's blood through a machine to remove the antibodies. After spending a total of 422 days in the hospital, the patient finally went home following this rare double-organ transplant. This is the first instance this innovative treatment has been used at NM for lung transplant; it has since been performed on five more patients who received lung transplants at NM.

Significantly expanding access to transplantation care, the NM Transplant team sees patients seeking a liver or kidney transplant at 23 transplant outreach clinics in addition to the downtown campus, making NM one of the largest satellite outreach programs in the country. NM Transplant is a preferred transplant provider for the two largest nephrology practices in the Chicagoland area participating in the Centers for Medicare and Medicaid Services (CMS) Kidney Care Choices Model of Care. The Health System is working to improve equity in transplant through two outreach programs: the Hispanic Transplant Program and the African American Transplant Access Program. These programs are working to increase the number of transplants among historically underrepresented patient populations by breaking down barriers through access to education, resources and world-class care.

NM physicians are developing collaborative care models to help patients who need liver transplant achieve lasting sobriety. A joint effort between physicians at NMH and NM CDH, the NM Hepatology-Alcohol Use Disorder Program was launched in FY22 and offers a multidisciplinary, multi-step program to help patients with alcohol use disorder (AUD) achieve abstinence from alcohol. AUD affects approximately 5.8% of adults in the U.S., with alcohol-related liver disease accounting for almost one-in-three indications for liver transplants.¹⁹ By working together, the NM Transplant and Behavioral Health Services (BHS) teams are

¹⁹ Alcohol Facts and Statistics. National Institute on Alcohol Abuse and Alcoholism.
<https://www.niaaa.nih.gov/sites/default/files/AlcoholFactsAndStats.pdf>.

working to combine medication and behavioral treatments with transplant care to minimize relapse potential and maximize patient outcomes. Early and immediate referral for alcohol treatment is paramount to liver recovery and can even reduce the incidence of liver transplant. NM care teams stay with the patient and continue to support patients in maintaining sobriety, even after transplantation. Patients have been referred to the program from across the Health System. Plans are underway to expand the program to include inpatient hepatology medical services at NM CDH, making access to care easier for patients who live in Chicago's western suburbs.

Medical Advances Resulting From the COVID-19 Pandemic

COVID-19 changed the world in many ways, including the unexpected outcomes in science and medicine. One such outcome is the astonishing advancement in vaccine development. A recently published study by NM researchers found that minor changes to the COVID-19 vaccine could target future infectious diseases. In a first for infectious diseases, researchers demonstrated that the structure of a vaccine, not just components, can have a profound influence on efficacy. Quick tweaks can be made to the vaccine to teach the immune system to change its target, allowing scientists to rapidly respond to future threats instead of developing entire new treatments from scratch. The research is intended to address future mutations or the next emergent disease. There is also potential for the findings to be used to target Zika and Ebola, or diseases as complex as HIV, among many others. NMH helped support the study that was a collaboration between NM scientists, physicians and engineers, the Argonne National Laboratory and the University of Chicago.²⁰

NM continues to develop treatments and study outcomes for patients recovering from COVID-19. Patients with long-term COVID-19 symptoms (often referred to as "long COVID"), including neurological symptoms such as brain fog, numbness and tingling, headache, dizziness, blurred vision, tinnitus and fatigue seek care from the NM Neuro COVID-19 Clinic. A recently published study of these patients has determined that long COVID symptoms last for an average of 15 months after disease onset. Led by Feinberg students and NM physicians, this novel study reports the longest follow-up period of neurologic symptoms impacting non-hospitalized patients with long COVID anywhere in the world. Overall, patients in the study reported improvements in their recovery, cognitive function and fatigue, but quality of life measures remained lower than the average population of the U.S. As of May 2022, the NM Neuro COVID-19 Clinic had treated nearly 1,400 patients with long COVID from across the country. The NM team has reported that approximately 85% of patients with long COVID experience four or more neurologic symptoms that impact their quality of life, and in some cases, cognitive abilities.²¹

Educate the Next Generation of Healthcare Leaders and Caregivers

Working together with Feinberg as NM, the Health System serves as a premier academic health system teaching site to train the next generation of medical professionals. By training physicians, nurses and allied health professionals, teaching hospitals and medical schools play a significant role in addressing the growing shortage of healthcare professionals in the U.S. Academic medicine also relies on highly skilled leaders in research and healthcare administration, among many other fields. NM supports these pathways

²⁰ Teplensky, M.H., Distler, M.E., Kusmierz, C.D., Mirkin, C.A. et al. (2022). Spherical nucleic acids as an infectious disease vaccine platform. *Proceedings of the National Academy of Sciences (PNAS)*. <https://orcid.org/0000-0002-6634-7627>.

²¹ Ali, S.T., Kang, A.K., Patel, T.R. et al. Evolution of neurologic symptoms in non-hospitalized COVID-19 "long haulers." (2022). *Annals of Clinical and Translational Neurology*. <https://doi.org/10.1002/acn3.51570>.

through internships, fellowships, workforce development, tuition reimbursement and on-the-job training opportunities, including in community-based settings.

Training the Next Generation of Healthcare Leaders

NMHC is committed to training the next generation of healthcare clinicians and leaders to help ensure that future demands for healthcare professionals in the U.S. can be met.

Addressing the Anticipated Healthcare Worker Shortage

America's healthcare system depends upon a workforce that is qualified, talented, engaged and diverse. Exacerbated by the COVID-19 pandemic, the pending healthcare worker shortfall is projected to reach as much as 3.2 million by 2026. Combined with an aging population and a sustained rise in behavioral health conditions and chronic diseases, this shortage could seriously jeopardize access to care within the communities we serve.²² NM is committed to addressing these challenges by training the next generation of healthcare leaders and caregivers.

Medical Student, Resident and Fellow Training

Included in the projected healthcare worker shortfall is a significant shortage of physicians. According to the Association of American Medical Colleges (AAMC), that shortage will likely reach 124,000 physicians by 2034.²³ Training medical students and residents requires a massive commitment from both medical schools and hospitals. Those seeking to become physicians require an immense breadth of carefully planned clinical and educational experiences to gain the skills, knowledge and perspectives needed to achieve clinical proficiency. Essential to this education is interaction with patients under the guidance and supervision of experienced physician faculty members who are knowledgeable in the most innovative and effective care guidelines.

The projected physician shortage is driven by a number of factors, with the stress, trauma, burnout and increased behavioral health challenges resulting from the COVID-19 pandemic driving more healthcare workers to consider leaving the profession. The U.S. population is both older and sicker than before, further straining the U.S. healthcare delivery system. Training the next generation of healthcare workers is vital to addressing the needs of the American public.

Despite this need, however, Medicare-funded training opportunities for graduates have remained largely unchanged for nearly 25 years. In 2020, Congress authorized the funding of an additional 1,000 post-graduate residency positions over five years — far fewer than the originally proposed 15,000 positions.²⁴ The burden to fund many over-the-cap positions thus falls to AMCs. A recent report by the U.S. Government Accountability Office (GAO) found that 70% of all U.S. teaching hospitals are self-funding

²² 2021, *Fact Sheet: Strengthening the Health Care Workforce*, American Hospital Association. <https://www.aha.org/fact-sheets/2021-05-26-fact-sheet-strengthening-health-care-workforce>.

²³ *The Complexities of Physician Supply and Demand: Projections From 2019 to 2034*, Association of American Medical Colleges, June 2021. <https://www.aamc.org/media/54681/download?attachment>.

²⁴ *Congress Passes Historic GME Expansion*, Association of American Medical Colleges December 2020. <https://www.aamc.org/advocacy-policy/washington-highlights/congress-passes-historic-gme-expansion>.

residency slots.²⁵ NMHC underwrites the cost of more than 500 McGaw-sponsored residency slots and more than 130 McGaw-sponsored fellowship slots at NMH that are unfunded by the federal government.

NMH serves as the primary teaching hospital for medical students of Feinberg and for physicians in residency and fellowship programs of McGaw.²⁶ McGaw offers exceptional training experiences at nationally ranked hospitals and fosters a culture of diversity, innovation and excellence. Feinberg and McGaw attract extraordinarily talented and dedicated students who will be among the nation's top physicians and scientists. During academic year 2021 – 2022, Feinberg welcomed 3,656 McGaw medical residents, fellows and other medical students. Most of these students were trained through supervised medical practice at NMHC institutions; a large portion of the patients at NMH receive at least some of their care from these trainees.

Medical residents help to improve access and provide care for patients in some of our most medically underserved communities. Residents learn in teaching hospitals that provide approximately 40% of all charity care, equating to \$8.4 billion in care, within the United States. Upon graduation, residents also often continue practicing medicine where they trained, further serving their local communities.²⁷ NM's Department of Family and Community Medicine offers three residency programs that provide unique opportunities for residents to develop their research and leadership skills while gaining clinical experience by providing care to people who have been historically medically underserved. Reflecting the growth of the Health System, these programs — Humboldt Park, Lake Forest and Delnor — serve Chicago and the north and west suburbs respectively.

Since 2010, the Northwestern McGaw Family Medicine Residency at Humboldt Park has collaborated with Erie Family Health Centers (Erie) to provide high-quality medical education. The program encourages the development of family medicine physicians who will be leaders in primary care and advocates for communities that have been historically underserved. Residents in the program provide care at Erie's West Humboldt Park location, which serves more than 84,000 patients annually, and at Swedish Covenant Hospital. Eight residents are admitted to the program each year.

The Northwestern McGaw Family Medicine Residency at Lake Forest welcomed its first class of students in 2015. The program at NM LFH is dedicated to the education of outstanding family physicians and community leaders. Residents participate in a Spanish immersion program and complete clinical rotations in three locations with different types of patients — inpatients, at NM LFH; outpatients, at NM Grayslake Outpatient Center; and patients at Erie HealthReach Waukegan (Erie Waukegan). Erie Waukegan, a FQHC that offers a wide range of social services to patients who are economically disadvantaged, is partially funded by NM LFH. NM LFH underwrites the cost of the residency program at Erie Waukegan, which had 24 residents in FY22.

The Health System launched the Northwestern McGaw Family Medicine Residency at Delnor in 2019. Located in Chicago's west suburbs, the three-year residency program maintains exam rooms and

²⁵ 2021, *Physician Workforce: Caps on Medicare-Funded Graduate Medical Education at Teaching Hospitals*, U.S. Government Accountability Office. GAO-21-391. <https://www.gao.gov/products/gao-21-391>.

²⁶ McGaw sponsors graduate medical education programs at its member and member-affiliate institutions: NMH, NM LFH, NM Delnor, Shirley Ryan AbilityLab, Jesse Brown VA Medical Center, John H. Stroger Hospital of Cook County, Swedish Covenant Hospital, and Ann & Robert H. Lurie Children's Hospital of Chicago.

²⁷ *The Most Powerful Prescription? A Well-Trained Physician*. American Medical Association, 2022. <https://savegme.org>.

instructional space in the same place, simultaneously providing a full spectrum of training for students while offering convenient, comprehensive care for patients. The program helps meet the primary care needs of patients in the west suburbs, and encourages graduating residents to remain in the region. Residents in the program see patients at the clinic, at NM Delnor and in the inpatient Pediatric Unit at NM CDH; residents also make house calls. The program had 24 residents in FY22.

NM MRH trains residents in the highly specialized field of physical medicine and rehabilitation (PM&R) through clinical experience, educational opportunities and research activities. Clinical experiences are offered in care for brain injury, stroke, pediatric conditions and spinal cord injuries, among others. Additionally, residents have the opportunity to care for patients at Edward Hines, Jr. VA Hospital; Captain James A. Lovell Federal Health Care Center; and Rush Copley Medical Center. The curriculum at NM MRH balances inpatient and outpatient responsibilities, and provides broad-based training, thus preparing residents to enter into a clinical practice, pursue a fellowship or establish an academic career. In FY22, 18 residents trained at NM MRH.²⁸

The Chicago Medical School Internal Medicine Residency Program at NM McHenry²⁹ fosters excellence in clinical skills and medical knowledge among its residents. The curriculum offers rotations in each of the subspecialties of internal medicine in both inpatient and ambulatory settings. In FY22, 39 residents trained at NM McHenry.

Teaching hospitals and the federal government recognize that providing hands-on training to physicians in residency and fellowship programs is necessary to ensure that an adequate number of physicians will be available to meet patient care demands, both in the short and long term. NMHC also provides substantial financial support to clinical fellowship programs for physicians seeking to be leaders in academic medicine, where they can contribute to their chosen areas of medical expertise through research. These programs will also ensure that physicians in sufficient numbers are trained in scientific research and discovery, and can continue to advance medical innovation.

Future healthcare professionals in many other disciplines also train at NMHC, as described in later sections of this report. In FY22, the net unreimbursed cost of NMHC's education programs was more than \$83.3 million.

Hands-On Community Medical Education

Established in 2011, the Education Centered Medical Home (ECMH) program is an innovative program at Feinberg that offers medical students the opportunity to learn at primary care clinics organized around the Patient Centered Medical Home (PCMH) model. ECMH provides students with early and comprehensive educational exposure to team-based medicine in an authentic outpatient environment while simultaneously increasing access to care for patients who have been medically underserved. Primary care sites include FQHCs and free clinics that are located in historically under-resourced communities in Chicago. Recognizing that patients served by the ECMH program are more likely to have needs related to SDOH, such as access to healthy food, in FY22, ECMH students designed and implemented a community quality improvement project to screen patients for food insecurity at CommunityHealth, a free health clinic on

²⁸ NM MRH's residency program is affiliated with Chicago Medical School at Rosalind Franklin University of North Chicago, not with McGaw Medical Center of Northwestern University.

²⁹ The residency program at NM McHenry is affiliated with Chicago Medical School at Rosalind Franklin University of North Chicago, not with McGaw Medical Center of Northwestern University.

Chicago’s West Side. Using a two-question survey, students identified patients who screened positive for food insecurity and referred those patients to nearby food pantries.

NMH underwrites the cost of the ECMH programs at Erie, CommunityHealth and Near North Health (Near North), a Chicago FQHC. NMH annually provides \$70,000 in direct funding to Feinberg to support these ECMH programs. In FY20, NMH supported graduate medical education and ECMH expansion at three additional Near North sites including at Komed, Denny and Winfield-Moody; FY22 was year three of the \$600,000 grant. Additional information about NM’s grant and financial donations is provided throughout this report.

Serving the Community

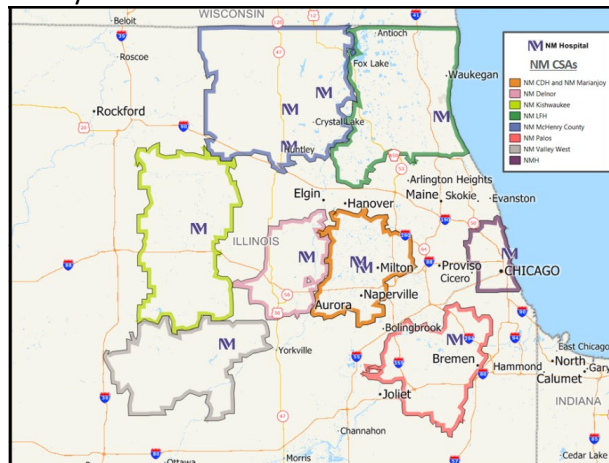
Populations and Communities Served by NMHC

The communities served by NMHC hospitals are complex and diverse, encompassing rural, suburban and urban areas, with a range of socioeconomic statuses and impacts of SDOH that correspond to these demographics. NMHC is committed to providing care that takes into consideration the cultures and environments in which our patients live and is responsive to their needs. NMHC works closely with community partners, including health and social service partners, to identify priority health concerns and jointly develop community-based health initiatives designed to address healthcare disparities.

Each NMHC hospital considers a variety of factors when defining its community. These factors include:

- Geographic area served
- Principal functions of the hospital
- Areas of high hardship and the population served
- The location of existing NM and community assets
- The service areas of other healthcare providers

By considering each of these factors, each NMHC hospital has defined its own Community Service Area (CSA) and is working to meet the unique needs of the community it serves.³⁰ The following map outlines the communities served by the Health System.³¹



³⁰ See appendix for more information on the services each NMHC hospital provides in its respective community.

³¹ While NM MRH considers DuPage County its CSA, due to its unique services, it also serves as a destination hospital for surrounding counties. Patients often travel from Cook, Will, Kane, Kendall, DeKalb and LaSalle counties, among many more, to receive care at NM MRH.

Every three years, and in accordance with federal regulations, each NMHC hospital completes a Community Health Needs Assessment (CHNA) to better understand the health issues that are of greatest concern within its CSA. With this information, each NMHC hospital is able to determine how best to commit resources to address those issues. The CHNA process is described in detail later in this report. By executing the NMHC Community Benefits Plan with sensitivity to the unique needs of the populations and communities served, NMHC is able to have the greatest possible impact on community health status.

Better Medicine, Closer to Home

NM is a growing, nationally recognized, fully integrated academic health system that has substantially increased access to advanced specialty care as well as high-quality primary care throughout Chicagoland and Northern Illinois. NM provides world-class care at 11 hospitals, 25 Immediate Care Centers, and hundreds of outpatient sites, now serving more than 1 million unique patients annually across Northern Illinois through a single clinically integrated network. Together with Feinberg, we are pursuing excellence in patient care, closer to home. The geographic reach of NM allows us to meet the growing demand for quality health care. Our recent affiliations and ongoing growth make it possible for us to serve more patients, closer to where people work and live, including in the south suburbs with the addition of NM Palos in 2021.

To better understand and meet the unique needs of our communities, each NMHC hospital collaborates with a broad network of community partners. Through community-based efforts, our hospitals have worked to expand access to care, address needs associated with SDOH, and increase equity through workforce development and youth pipeline programs in communities with some of the most socioeconomic disadvantages, among many more efforts.

The NMHC Community Benefits Plan and Community Health Needs Assessments

NMHC's mission sets forth our commitment to improve the health of the communities we serve and to advance medical research and education, *one patient at a time*. The Community Benefits Plan describes the broad-reaching goals that support this commitment and address our responsibility as a tax-exempt organization. The Department of Community Affairs develops and maintains a Community Benefits Plan for the Health System, which is executed at the hospital level to best meet the needs of our local communities. Reviewed annually and revised as needed, the objectives of the Community Benefits Plan are to:

- Provide quality medical care, regardless of the patient's ability to pay
- Honor NM's mission and commitment to the community
- Be responsive to the assessed needs of the local community served by each hospital
- Forge relationships with local community organizations to help address SDOH
- Evaluate the public health impact of NM programming, and replicate by geography and/or disease state with sensitivity to the individual needs of our patients, their families and the communities we serve
- Leverage our strengths as a premier academic health system to train the next generation of health professionals and use evidence-based models for community health engagement
- Leverage our bond with Feinberg to be leaders in quality, academic excellence, scientific discovery, patient safety and research-informed treatment

Aligned with our mission and Community Benefits Plan, and in accordance with the requirements of the Patient Protection and Affordable Care Act (ACA), each NMHC hospital works with community and AMC partners every three years to complete a comprehensive CHNA that identifies the highest-priority health needs of residents of its CSA.³² All CHNAs for the Health System are available online at nm.org/about-us/community-initiatives/community-health-needs-assessment.

With Feinberg, NMHC brings to bear the resources of a world-class, integrated academic health system to advance our Community Benefits Plan and CHNA initiatives in ways that could not be achieved as stand-alone hospitals. Providing better care closer to home allows our communities access to the latest developments in education and research that previously may not have been available at the community level. This includes:

- Seeking root causes to health conditions, and collaborating with scientists and clinicians to develop solutions
- Enhancing access to health care
- Improving clinical quality
- Advancing medical innovation
- Ensuring that a highly skilled healthcare workforce is in place for decades to come
- Addressing SDOH

CHNAs provide information that enables hospitals to identify health issues of greatest concern among residents in their communities and decide how best to commit resources to those areas, thereby making the greatest possible impact on community health status. NMHC employs a systematic, data-driven approach to determine the health status, behaviors and needs of the residents of each hospital's community. Each CHNA establishes priorities aimed at achieving three key strategies: improving residents' health status; reducing health disparities; and increasing access to preventive services.

The CHNAs and corresponding implementation strategies are developed with input from community healthcare organizations and other social services and public organizations that understand and help represent the wide-ranging healthcare needs of the residents in our communities. These strategies are grounded in public health models developed with our community partners and Feinberg faculty, in which residents of our communities are informed and able to make healthy lifestyle choices, manage their chronic health conditions and receive medically necessary healthcare services in the most appropriate setting. For FY22, each hospital implemented programs to address the identified priority health needs shown in Figure 1.

³² See section titled "Populations and Communities Served by NMHC" for CSA definition.

Figure 1

Priority Area	NMH	NM LFH	NM CDH	NM Delnor	NM Kishwaukee	NM Valley West	NM MRH	NM McHenry, Huntley and Woodstock	NM Palos
Access to Healthcare, Access to Community Resources	X	X	X	X	X	X	X	X	X
Heart Disease, Stroke		*							X
Violence Prevention, Community Safety	X								
Mental Health, Behavioral Health, Substance Use Disorder	*	X	X	X	X	X		X	X
Older Adults, Aging						X			
Chronic Disease	*	X	X	X	X	X			
Promoting Independence and Activity							X		
Promoting Wellness and Preventing Disease							X		
Social Determinants of Health		X	X	X			X	X	
Economic Vitality and Workforce Development	X								
Structural Inequities	X								

**Area of focus under select Priority Health Needs*

We believe that our mission to improve the health of the communities we serve is best accomplished in collaboration with partners in both the community and within the organizations that comprise NM, including the Health System and Feinberg. Our affiliations with community-based healthcare organizations and community partners enable the Health System’s organizations to meaningfully improve access to high-quality health care and implement targeted programs that address the highest-priority health needs of the community.

NMHC Community Roles

Provide Quality Care, Regardless of the Patient’s Ability to Pay

With a mission-driven commitment to provide quality medical care regardless of the patient’s ability to pay, we maintain our dedication to improve the health of members of our community who are the most medically underserved.

NMHC’s financial assistance programs and outreach services enable us to serve patients with the most socioeconomic needs in our communities. Through our financial assistance programs and Presumptive Eligibility policy, NMHC continues to provide medically necessary health care for those who do not have the resources to pay for it. Many NMHC hospitals are leaders in providing charity care in their respective communities, including in DeKalb, DuPage, Lake and McHenry counties. Three NMHC hospitals are among

the top 15 leading charity care providers in Illinois: NMH (No. 3), NM CDH (No. 10) and NM LFH (No. 11).³³ The unreimbursed cost of charity care for NMHC was approximately \$90.8 million in FY22.

The Health System is a leading provider of care for patients with Medicaid coverage in Illinois, handling nearly 114,000 inpatient days, more than 23,300 admissions and more than 183,000 outpatient visits annually. Along with some of the area's safety-net hospitals, NMH has been among the top providers of care under the Medicaid program in Illinois for more than 15 years. As well as being the third-largest provider of unreimbursed charity care in the state, NMH is the third-largest provider of care to beneficiaries of Illinois Medicaid.³⁴ NMH's commitment to patients on Medicaid has increased over the past five years: The volume of Medicaid inpatient days handled by NMH has increased by nearly 32%; the number of Medicaid admissions has risen by 10%; and volume of outpatient care is up by 27%.³⁵

Driving NMH's large and growing Medicaid volume is NM's mission to put patients first in everything we do. NM is dedicated to providing access to quality healthcare services to improve the health of all people in the communities we serve. NMH is a destination for those seeking care from across Chicagoland, including patients on Medicaid. Approximately 16,000 individual patients on Medicaid who live on Chicago's South and West sides receive their care at NMH.³⁶ Patients on Medicaid account for more than 26,000 visits annually to NMH's Emergency Department (ED); 80% of them arrive by means other than ambulance. Many of these patients bypass multiple hospitals in order to receive care at NMH: More than 38% of all patients who seek care at NMH's ED live 10 or more miles from the hospital, and most of those reside on the city's South and West sides.³⁷

Several other NMHC hospitals are also the top Medicaid providers in their respective communities. NM CDH is the single-largest Medicaid provider in DuPage County; NM Kishwaukee and NM Valley West are the top Medicaid providers in DeKalb County; and NM, through care provided by NM McHenry, NM Huntley and NM Woodstock, is the largest Medicaid provider in McHenry County.³⁸ NM LFH continues to experience the highest growth rate in Medicaid days and admissions among Lake County hospitals.³⁹

The Illinois Medicaid Hospital Assessment Program (HAP) is a financing mechanism intended to ensure that Illinois residents who are experiencing poverty have adequate access to healthcare services. A special state tax on hospitals funds this program.⁴⁰ The state then receives matching funds from the federal government. The HAP is a necessary program that helps offset the low reimbursement traditionally provided to hospitals by the state's Medicaid program. As demand for care of patients on Medicaid increases, the imbalance

³³ Illinois Department of Public Health Data, 2020. The most recent data available.

³⁴ Illinois Department of Healthcare and Family Services (HFS), Review of Hospital Utilization Data, 2015-2020; and Illinois Department of Public Health (IDPH), Annual Hospital Questionnaire. The most recent data available.

³⁵ HFS, Review of Hospital Utilization Data, 2015-2020. The most recent data available.

³⁶ NM Office of Data Analytics.

³⁷ IDPH; NM Office of Data Analytics.

³⁸ 2020, Illinois Department of Healthcare and Family Services, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days. NMH provides pediatric care to infants born at NMH or transferred to its Neonatal Intensive Care Unit from area hospitals because of its participation as a Level III provider in the Perinatal Network of Northeastern Illinois. However, NMH does not have a pediatric program; children account for 46% of all patients on Medicaid.

³⁹ Illinois Department of Healthcare and Family Services (HFS).

⁴⁰ HAP taxes are imposed on all hospitals in Illinois, except for government-run hospitals (e.g., University of Illinois and Cook County Stroger and Provident hospitals), which do not participate in the program.

between the Medicaid reimbursement received and the taxes paid by NMH to support the HAP is straining the ability to maintain access to care and continue investing in the health of our communities. NMH is by far the single-largest hospital taxpayer in Illinois, paying more than \$80 million in HAP taxes annually to support the delivery of care to patients on Medicaid in Illinois.⁴¹ Despite the significant amount of taxes paid annually to support the HAP, NMH absorbs more than \$237 million in unreimbursed Medicaid costs annually.⁴² All NM entities make significant contributions to the HAP, including NM CDH, which is the fourth-largest, paying more than \$42 million in HAP taxes annually.⁴³

In FY22, the unreimbursed cost of Government-Sponsored Indigent Health Care services for NMHC totaled more than \$908.6 million.

Bad debt is driven in part by patients under active treatment who encounter network restrictions or changes in coverage limits when their healthcare insurance changes. Similarly, if an insurer denies coverage while a patient is under active treatment, NMHC continues to provide care for these patients through the duration of their treatment, even if not reimbursable. Together, these contribute to the cost of bad debt.

A comprehensive regional health system includes healthcare provided beyond hospitals and health systems, including a robust public health function, coordinated emergency management, behavioral health and substance abuse programs, long-term health care, and others. NMHC contributes to regional health systems by providing leadership, expertise and ongoing support of high-quality programs that predictably and consistently result in a loss to NM. These services range from trauma care to comprehensive behavioral health services and community-based programs. NMHC hospitals collaborate with private and public health organizations to ensure a full spectrum of high-quality, well-coordinated healthcare services are available in the communities we serve. In FY22, the net cost of subsidized healthcare services provided by NMHC totaled nearly \$53.8 million.

In total, NMHC contributed approximately \$1.088 billion to charity care, other unreimbursed care, subsidized health services and bad debt in FY22.

Financial Assistance at NMHC

NMHC is committed to providing financial assistance under the charity care, Presumptive Eligibility and other programs to Illinois residents who cannot afford to pay for medical care. To best meet patients' needs, two financial assistance policies were in place across the Health System in FY22: (1) NMHC Financial Assistance Policy and (2) Palos Health Financial Assistance Policy. Work is underway to align the policy at NM Palos with the NMHC policy. Both policies fully comply with the Illinois Fair Patient Billing Act, the Illinois Hospital Uninsured Discount Act and other relevant laws, and are described in further detail below.

Financial Assistance at NMH, NM LFH, NM CDH, NM Delnor, NM Kishwaukee, NM Valley West, NM McHenry, NM Huntley, NM Woodstock, NM MRH, NMG and NM RMG

The NMHC Financial Assistance Policy in effect during FY22 applied to NMH, NM LFH, NM CDH, NM Delnor, NM Kishwaukee, NM Valley West, NM McHenry, NM Huntley, NM Woodstock, NM MRH, NMG and NM

⁴¹ M. Werner Consulting; HFS.

⁴² Source: Annual Nonprofit Hospital Community Benefits Plan, Report for the Fiscal Year Ended August 31, 2022; Northwestern Memorial HealthCare.

⁴³ M. Werner Consulting; HFS.

RMG. Free and discounted care is available to those seeking care at the above-named entities based upon the following program criteria:

- The Financial Assistance Policy measures patient income against the U.S. Health and Human Services Federal Poverty Guideline, known as the federal poverty level (FPL),⁴⁴ to determine eligibility. Patients who do not have insurance and have incomes less than or equal to 250% of the FPL receive 100% free care for medically necessary services.⁴⁵ Discounted care is available for patients who are uninsured and earning 251% to 600% of the FPL.
- For patients who have insurance, the Financial Assistance Policy waives out-of-pocket expenses, except co-pays, for medically necessary services if their income is less than or equal to 250% of the FPL. Discounted care is also available for medically necessary non-covered services for patients with insurance earning 251% to 600% of the FPL.
- The Financial Assistance Policy also includes a Catastrophic Program for patients who qualify with household income between 251% and 600% of the FPL. (Patients at or below this level are eligible for free care.) Under this program, the patient's total responsibility will not exceed, during any 12-month period, 25% of the patient's household income, with payments spread over a three-year period.
- Patients seeking care at an NMHC emergency department receive care regardless of their ability to pay and irrespective of their willingness to apply for financial assistance.

Financial Assistance at NM Palos⁴⁶

The Palos Health Financial Assistance Policy in effect during FY22 applied to patients at NM Palos. Free and discounted care is available to those seeking care at NM Palos based upon the following program criteria:

- The Financial Assistance Policy measures patient income against the U.S. Health and Human Services Federal Poverty Guideline, known as the federal poverty level (FPL), to determine eligibility. Patients who do not have insurance and have incomes less than or equal to 250% of the FPL receive 100% free care for medically necessary services at NM Palos. Discounted care is available for patients who do not have insurance and earn 251% to 400% of the FPL at NM Palos, inclusive of patients who are insured, uninsured and underinsured.
- The Financial Assistance Policy also includes a program to limit a household's annual responsibility for patients who qualify with household income less than 600% of the FPL. Under this program, the patient's total responsibility will not exceed, during any 12-month period, 25% of the patient's household income.
- Patients seeking care at an NMHC emergency department receive care regardless of their ability to pay and irrespective of their willingness to apply for financial assistance.

NMHC and its affiliates are committed to meeting the healthcare needs of those within the NMHC community who are unable to pay for medically necessary or emergency care. This commitment includes providing medically necessary care at free or discounted rates under our Financial Assistance Program.

⁴⁴ The FPL in calendar year 2022 was \$27,750 for a family of four living in the 48 contiguous states.

⁴⁵ The NMHC Financial Assistance Policy was amended to increase the FPL threshold for 100% free care from 200% of FPL to 250% of FPL in FY20.

⁴⁶ On September 1, 2021, NM PMG operations were merged into NM RMG with merger finalized on October 2, 2022. However, patients of NM PMG remain qualified for financial assistance under the Palos Health Financial Assistance Policy. Discounted care is available for NM PMG patients who do not have insurance and earn 251% to 600% of the FPL, inclusive of patients who are insured, uninsured and underinsured.

Applications for financial assistance follow a system-standard review process. Applications are approved based upon completion of application, Illinois residency and income or assets within allowable guidelines. In the past, data regarding an applicant's race, ethnicity, sex, or preferred language ("Personal Demographic Data") was neither collected by the financial assistance application nor available for consideration when reviewing the application. Certain Personal Demographic Data has been requested at registration, but patients are not required to provide it. In compliance with revisions to the Illinois Hospital Uninsured Patient Discount Act (HUPDA) and the Illinois Fair Patient Billing Act, NMHC is now requesting Personal Demographic Data on its financial assistance applications. In accordance with those laws, patients may not be required to provide Personal Demographic Data, and such data may not be used in determining the outcome of the application. Because many patients choose not to provide Personal Demographic Data at registration or on their financial assistance application, the Personal Demographic Data provided is incomplete. Personal Demographic Data collected by NMHC is available under the Hospital Financial Assistance Report (HFAR) Tab of this report. Additionally, in compliance with revisions to the Illinois Community Benefits Act, NMHC is now reporting charity care costs and net patient revenue provided by each NM hospital. This information is available under the Form AG-CBP-1 Tab of this report.

Expanding Access to Healthcare Services

Access to quality health care is paramount for healthy communities. NMHC is improving access to care by providing leadership, investing resources and working collaboratively with other organizations within our communities. The Health System delivers world-class, culturally competent care to patients regardless of their ability to pay, race, age, gender or sexuality in the communities where our patients live and work. From advancing health equity by addressing SDOH to cultivating community clinical relationships, and by expanding services across the Health System, NM continues to coordinate and improve access to care for patients who have socioeconomic barriers to health and wellness.

Advancing Health Equity by Assessing Patients' SDOH Needs

NM's approach to equity is built on fundamentals: (1) access to high-quality, equitable patient care; (2) workforce diversity and development; and (3) community engagement.

With the knowledge that quality care is just one factor that can affect a patient's overall health, NM is developing a process to help address needs related to SDOH. SDOH refers to a number of factors and conditions in the places where people live, learn, work and play that affect a wide range of health risks and outcomes and that can have a greater impact on an individual's overall health than their medical care. These factors include, but are not limited to, economic stability, food security and physical environment.⁴⁷ Proactive engagement with the Health System's patients most likely to have needs related to SDOH began with a pilot program in FY20, which evolved into NM's SDOH screening and resource referral program in FY21, touching more than 12,000 patients. Through this program, patients were screened for a concise set of SDOH that interfere with health; those who screened positive were linked to referrals and interventions to help address identified needs.

In FY22, the SDOH assessment tool was rolled out across the Health System. In a first-of-its-kind at such a large scale, the program engages the NM Operations, Quality and Engagement teams as well social workers, clinicians and community health workers. The assessment tool is currently implemented for

⁴⁷ Centers for Disease Control and Prevention, Social Determinants of Health: Know What Affects Health. <https://www.cdc.gov/socialdeterminants/about.html>.

inpatient care with plans to soon expand to primary care. In FY22, more than 125,000 patients were assessed for SDOH concerns, with approximately 16% reporting SDOH concerns.

Patients who identify a concern through the screening are asked if they want to learn about resources for addressing their needs. Through a community referral platform called NowPow, a resource list is generated based on the patient's home ZIP code. Additionally, the NM Community Affairs team helps ensure the longstanding community partners are included in the referral platform. NowPow has been integrated into NM's electronic medical record (EMR) system to assist with case management and improve the patient's continuum of care. Through the EMR system, patients receive a referral for programs that can help address their needs. The NM Outreach team then contacts the patient within two or three days to help provide direct support. In FY22, 6.7% of patients requested assistance for an SDOH concern and more than 6,000 NowPow referrals for SDOH services were made to NM patients.

Strengthening Community Clinical Relationships

NM nurtures relationships with several community clinical providers to foster access to primary care in the community, including with FQHCs and free clinics. Relationships with FQHCs and free clinics offer four key benefits impacting patients, NM and the community more broadly:

- Community health: Deepen commitment to a healthier community through enhanced local partnerships.
- Access to care: Meet patient access needs for patients who are uninsured and underinsured.
- Education and research: Further academic activities with expanded training and research opportunities.
- Care coordination: Coordinate care to ensure the right care is provided in the appropriate settings.

Recently, the Health System endeavored to implement a community approach to developing and operating clinical community relationships to maximize the benefits of those relationships to NM, the patients we serve, the community and our community partners. Through this initiative, we assessed existing relationships, developed opportunities for support and identified gaps.

The Health System currently fosters relationships with the following FQHC and community clinical providers across Chicagoland and Northern Illinois:

- Access DuPage Health Navigation Assistant
- Aunt Martha's Community Health Center
- CommunityHealth Clinic
- Erie Family Health Center and Erie HealthReach Waukegan
- Family Health Partnership Clinic
- Greater Family Health
- IMAN Community Health Center
- The Josselyn Center
- Lake County Health Department/Community Health Clinic
- Near North Health Services Corporation
- TriCity Health Partnership
- VNA Health Center – Carol Stream

In FY22, the Health System partnered with FQHCs that provided primary care services for more than 375,000 patients at their sites.⁴⁸ Many of these patients reside in NMHC CSAs. Through affiliation and care coordination agreements, and in accordance with NMHC financial assistance and Presumptive Eligibility policies, NM hospitals provide necessary diagnostic, specialty, and subspecialty care for many supported FQHC patients. Additional support for community clinical partners is provided through the ECMH program.⁴⁹ On top of existing commitments, NMHC also committed approximately \$2 million to support community clinical provider operations in FY22.⁵⁰ For example:

- Formalized in FY21, NM’s relationship with IMAN included a \$400,000 grant to help support healthcare- and SDOH-related efforts; FY22 marked year two of this grant.
- NMH has collaborated with Near North for more than 55 years. Building upon this longstanding relationship, NMH helped Near North locate, secure and offset the cost of a new clinical space in Chicago’s Streeterville neighborhood. Officially opened in FY22, the Near North Denny Clinic helps meet the needs of those who have been medically underserved in Streeterville, including a large population experiencing homelessness.
- In the west suburbs, NM’s commitment to expanding access to care is further demonstrated through support of Access DuPage. A collaborative effort across the county, Access DuPage helps provide access to affordable health services for residents who are uninsured and have low income. The program annually serves more than 5,000 residents by subsidizing healthcare insurance plans and care coordination. Through Access DuPage, residents are connected to a medical home, with patients equitably connected to clinicians across the county. NM CDH and NM MRH are long-time partners of Access DuPage, annually contributing more than \$600,000 in financial support in addition to in-kind leadership and treating patients under the NMHC Charity Care Policy. Multiple NM leaders serve on the Access DuPage Board of Directors. The Health System is actively supporting development of similar models in other communities serviced by NMHC hospitals.

The above are just some examples of the clinical community relationships the Health System has cultivated to help improve access to care in our communities. Additional opportunities to improve the continuum of care between our community clinical providers and the Health System, including technology investments, are currently being explored. NMHC greatly values each of these relationships and is committed to continuing to refine a common approach for collaborating with our clinical community partners to serve those who are uninsured and underinsured.

Urology, Subspecialty and Cardiovascular Care Expansion

NM’s innovative CIP model⁵¹ is designed to improve access for all patients. Reflecting the growth of the Health System, NM continues to increase services across Northern Illinois, bringing world-class care closer

⁴⁸ Health Resources & Services Administration (HRSA), Health Center Program Uniform Data Set (UDS) Data Overview. Accessed February 2023. <https://data.hrsa.gov/tools/data-reporting/program-data?type=AWARDEE>.

⁴⁹ See the Education section of this report.

⁵⁰ A portion of these funds made available through philanthropic funds are not included in the reported community benefits totals.

⁵¹ See *Innovating to Improve Care* section of this report.

to home. In addition to the aforementioned ambulatory growth, FY22 brought expansions in urology care, subspecialty care, cardiovascular services and more.

A new RMG clinic at NM Delnor expanded access to urology services in the west suburbs. Boasting a combined 70 years of experience in urology care, physicians are now providing services including minimally invasive surgery for kidney cancers, robotic prostatectomy to treat prostate cancer, and kidney stone treatment and management. System integration with a premier AMC (NMH) as well as proximity to NM cancer centers in the west suburbs directly connect patients to high-quality care.

In a first for the nation, NM opened the NM Gay and Bisexual Men's Urology Program, which is designed to improve the urologic care experience, outcomes and quality of life for patients who are assigned male at birth and identify as gay or bisexual. In response to research showing that there are unmet needs among gay, bisexual, transgender and sexual minority patients, care and resources are tailored to meet the needs of these patients in an inclusive environment. In addition to urological care, the clinic can also connect patients to social workers and sex therapists, among other medical professionals, in order to support the patient as a whole. Through both geographic expansion and addressing the unmet needs of a historically medically underserved population, NM is providing quality urological care where it is most needed.

NM Palos joined the Health System in January 2021, expanding NM's footprint to Chicago's south suburbs. In FY22, NM opened a new multispecialty clinic in the Orland Park outpatient center with services including neurology, esophageal (gastroenterology) and hepatology care. Through seamless integration with the Health System, the new clinic provides access to academic medicine and NMH's top-ranked subspecialty programs for patients in south suburban communities. Further integration, such as transitioning to NM's EMR system and continued site openings in Orland Park — including NM Cancer Center Orland Park — will increasingly provide access to need-based services in locations convenient for NM patients.

The establishment of the Health System's Bluhm Cardiovascular Institute (Bluhm) in 2005 helped establish NM as a leader in cardiovascular care. NMH has been the highest-ranked cardiology and heart surgery program in Illinois for 15 consecutive years, according to *U.S. News and World Report, 2022 – 2023*. Expansion of Bluhm across the Health System enables patients to receive most cardiovascular care in locations closer to home, only traveling to NMH for highly complex procedures. NM physicians provide cardiovascular care to more than 75,000 patients annually. Patients travel from all 50 states, more than 25 countries and five continents to receive care at Bluhm. As a leading provider of both Medicaid services and charity care in Illinois, NM provides cardiovascular care to many patients who are at high risk of poor outcomes due to SDOH.

Announced in FY22, a landmark gift from the Bluhm Family Charitable Foundation established NM Bluhm Heart Hospital at NMH. This gift allows us to largely increase cardiac care capacity and address health equity by expanding access to world-class cardiovascular care at NMH. NM Bluhm Heart Hospital will increase beds and modernize cardiovascular services. The gift will also support collaboration with community partners in under-resourced communities in Chicago, including the development of outreach and education efforts to support heart health and address needs related to SDOH. With a mission to provide world-class cardiovascular care to all patients, and in particular those patients who have historically had limited access to care, NM Bluhm Heart Hospital will help create a healthier community.

Workforce and Economic Development

Poverty and poor health are inextricably linked. The inability to afford healthy foods, health care and housing leaves people at an increased risk for mental illness, chronic disease, more adverse health outcomes, lower life expectancy and higher mortality.⁵² Approximately 1.42 million Illinoisans live in poverty, with 44% of those living in deep or extreme poverty.⁵³ In Chicago, unemployment is highly geographically concentrated on the city's South and West sides.

People with steady employment are less likely to live in poverty and are more likely to be healthy. Employment programs, career pipeline initiatives and local investment can improve economic stability for both individuals and communities. As the sixth-largest employer in Chicago,⁵⁴ NMHC is committed to improving economic vitality through increased hiring, workforce development and youth pipeline programs, and the procurement of supplies and services from companies based in economically under-resourced neighborhoods in the communities we serve.

Systemwide Workforce Development Initiatives

NM is committed to our longstanding equity strategy for patients, employees and the communities we serve. Central to this strategy are initiatives aimed at expanding an equity-based framework to increase recruitment and talent pipelines from under-resourced communities. Healthy People 2030 — a set of data-driven national objectives to improve health and well-being led by the U.S. Department of Health and Human Services (HHS) — categorizes SDOH into five categories, one of which is economic stability.⁵⁵ Employment is key for economic stability. Many aspects of employment, from job security and work environment and demands, to financial compensation, can all impact health. Education, race, ethnicity and gender are all linked to disparities in employment.⁵⁶

The Health System is committed to investing in the economic growth of the communities we serve, recruiting diverse candidates, and developing initiatives to unlock new employment opportunities and develop talent from under-resourced communities. NM cultivates relationships with community partners — including Chicago Cook Workforce Partnership, Skills for Chicagoland's Future, Equus Workforce Center, Bright Star Community Outreach, Cara Collective and others — in order to better serve our communities. In collaboration with our community partners, NM staff help prepare community members for employment by offering career counseling workshops and mapping out futures in health care. In FY22, NM hosted or participated in approximately 150 job fairs, hiring events and job readiness workshops for residents of communities with socioeconomic challenges, and extended job offers to 179 community referrals.

⁵² HHS ODPHP, Healthy People 2030, SDOH, Economic Stability. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability>.

⁵³ *All in Illinois: A Five-Year Strategy to Reduce Deep and Persistent Poverty*. Illinois Commission on the Elimination of Poverty. Deep or extreme poverty is defined as less than 50% of the FPL. The FPL in calendar year 2022 was \$27,750 for a family of four living in the 48 contiguous states. <https://poverty.illinois.gov/content/dam/soi/en/web/poverty/documents/poverty-commission-strategic-plan-brief-2022.pdf>.

⁵⁴ *Crain's Chicago Business*, Chicago's Largest Employers 2021. <https://www.chicagobusiness.com/craains-list/chicagos-largest-employers-2021>.

⁵⁵ Healthy People 2030, Employment, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople>.

⁵⁶ Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment>.

In FY22, the Health System launched a work-based learning program through which NM partners with community-based organizations to identify job seekers who may not currently meet the minimum requirements for employment. Through the program, these job seekers can be hired and receive paid, on-the-job training. The program is currently focused on patient access specialists, patient escort specialists, patient service representatives, sterile processing staff and housekeeping staff, with plans to expand in the future. To date, 15 people have participated in the program.

Promoting Diversity, Equity and Inclusion Through the NM Champion Network

The NM Champion Network is a workforce-led network of resource groups (called chapters) for members and allies of underrepresented communities. The network promotes diversity, equity and inclusion (DEI) at NM. NM Champion Network chapters partner with key Health System departments to participate in community outreach, support cultural responsiveness education and enhance workforce development. Some chapters have launched mentorship programs that connect chapter members in leadership with a group of mentees; the programs allow participants to connect on a personal level and help mentees leverage their professional and lived experiences, abilities and interests to become stronger advocates for themselves. As part of workforce development, mentors coach mentees on networking, emotional intelligence, goal-planning and leadership evaluations so mentees can better navigate meetings and conversations both inside and outside of the program.

FY22 was a year of growth for the NM Champion Network with the addition of two new chapters. The NM Champion Network is now comprised of five chapters:

- African Descendants
- Asian American and Pacific Islander (AAPI)
- Disability
- Latinx
- LGBTQ

The NM Champion Network had more than 1,200 members in FY22. Together, the program completed more than 150 engagements, including chapter meetings, events and volunteer activities.

Youth Pipeline to Medical Education and Healthcare Employment

Racial and socioeconomic disparities are not limited to healthcare outcomes: They are also present within medical education and the healthcare workforce. Youth pipeline programs can help young people from traditionally under-represented communities learn about and gain valuable experience in medicine and health care. Youth pipeline programs across the Health System not only expose students to potential careers, they also lead to employment opportunities and improve our workforce.

Ongoing, comprehensive, on-the-job training and youth programs for high school, college and post-graduate students are offered at every NMHC hospital in both clinical and administrative settings. NM has long invested in programs that provide educational and employment opportunities for youth, often collaborating with schools and social services providers to reach those students who need the programs the most.

Now in its 12th year, the NM Scholars Program is a collaboration between NMH and Westinghouse College Prep (Westinghouse), a selective-enrollment high school on Chicago's West Side. NM Scholars provides

talented high school students with the opportunity to learn about and pursue post-high school education in healthcare careers. In addition to receiving a behind-the-scenes look and deeper understanding of clinical areas and potential careers from NM staff and Feinberg faculty, students in the NM Scholars Program receive mentoring, participate in an intensive summer program and ACT test preparation, and develop leadership and life skills. The program had 21 participants in FY22; 54 students have graduated from the program to date, and approximately 98% of program alumni are enrolled in college.

As part of the Health System's commitment to build stronger communities, the NM Discovery Program's mission is to create a pathway for the next generation of healthcare leaders by drawing on NM's incredible team of healthcare professionals to provide science, technology, engineering and math (STEM) career exploration opportunities for students who might not otherwise have access to such opportunities. Through the program, students are exposed to a broad range of healthcare careers through hands-on and interactive opportunities as well as character and professional development, and community service opportunities. As the Health System has expanded, so too has the NM Discovery Program. In FY22, the program expanded to six chapters: NM Discovery Program Central, NM Discovery Program West, NM Discovery Program North, NM Discovery Program Greater DeKalb, NM Discovery Program Northwest and NM Discovery Program South. More than 150 students participated in the program in FY22. The Health System actively coordinates with community partners to recruit students from communities experiencing disinvestment to apply for the program. Since the program began, many participants have pursued careers in nursing and other healthcare fields, and several are now employed at NM.

Project SEARCH endeavors to help young people with intellectual and developmental disabilities learn personal and professional skills, and then supports their search for employment in an area that meets their interests and abilities. The program brings together many different agencies that work to create an environment where people with disabilities can get immersive work experience before entering the competitive job market. Project SEARCH is offered at four NM sites: NM CDH, NM Delnor, NM Kishwaukee and NM Woodstock. In FY22, Project SEARCH had 40 participants, and 100% achieved employment at the end of their internship; eight graduates of the program are now employed by the Health System.

The NM Summer Pre-Med Internship Program provides opportunities for promising undergraduate students to experience both clinical observation and focused project work. The eight-week paid program is open to students who are enrolled in a four-year university and are interested in becoming a physician. Students in the program are matched with a clinical department and paired with both administrative and clinical mentors across the Health System. Program leaders are actively working to add value to the program through:

- Regional expansion to the north and west suburbs
- Increasing participation of students in underrepresented minority groups through recruitment in collaboration with historically Black colleges and universities (HBCUs)
- Connecting to other NM youth pipeline programs

There were 50 students in the Summer 2022 cohort. The students hail from 28 universities including four HBCUs. A quarter of the students were the first in their family to pursue a four-year degree. 21 former participants in the NM Summer Pre-Med Program have applied to Feinberg. NM is committed to supporting

students throughout the entirety of their education and is proud to offer programs to support students throughout their journey.

Local Procurement of Supplies and Services

Purchasing products and services from local businesses creates jobs, improves public infrastructure, and provides both social and economic investment in the community. The Health System is committed to establishing a Supply Chain supplier diversity program to increase purchasing of supplies and services from the communities served by NMHC hospitals. Through this commitment, NMHC will increase our annual spend with diverse certified vendors, increase the number of vendors from local communities that we do business with, and increase our annual spend with businesses owned by women and by people in racial and ethnic minority groups. Major efforts have been made to promote economic development within the communities we serve. In FY22 alone, the Health System spent more than \$3 million on supplies and services from certified diverse vendors, an increase of more than \$744,000 over the past year.

Additional NMHC departments, including Planning and Construction, Technology Services and Internal Audit, among others, have launched collaborations with community organizations to promote opportunities for community residents as well as moved service contracts to local firms owned by people in racial and ethnic minority groups.

Community Engagement

Improving the health of the communities we serve cannot be achieved by any one organization, but rather necessitates collaboration across sectors and among private, public and not-for-profit entities. NMHC works closely with community partners, including health and social services partners, local school and park districts, faith-based organizations and local businesses, among others. Backed with community input from the CHNA process, we work together to identify priority needs and develop community-based health initiatives designed to address healthcare disparities.

While access to care is critical to the health of communities, it is now recognized that improving health and health equity requires broad approaches beyond the traditional healthcare setting. Widely known as SDOH, the social, economic and environmental factors that influence health are key components of health and health outcomes. Each hospital in the Health System holds longstanding relationships within its community, and is well positioned to participate in and facilitate collaboration among those who can respond to identified SDOH needs. The Health System is making efforts to improve overall health and implemented multiple initiatives in FY22, some of which are outlined below.

Addressing Social Determinants of Health

Up to 80% of health outcomes are influenced by the ways in which people live, work, play and worship, known as social determinants of health (SDOH).⁵⁷ SDOH relate to social and economic opportunities, community resources, quality education, workplace safety, environmental factors and the nature of social interactions and relationships. In addition to access to health care, SDOH include food access and security, transportation, violence and community safety, among other considerations. SDOH help explain why some people in the United States are healthier than others.

⁵⁷ Centers for Disease Control and Prevention. (2022). Social Determinants of Health. Centers for Disease Control and Prevention. <https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm>.

NMHC is dedicated to improving access to health care as a foundational pillar of the Health System's community commitment. More information is available in the previous Access to Care section of this report.

Recognizing the importance of SDOH in influencing the health and well-being of our patients and communities, all NMHC hospitals are working to address identified needs related to SDOH. Each hospital assesses the unique needs of the community it serves through the previously discussed CHNA process, and is now working to address SDOH in the manner that best suits its respective community:

- NM CDH, NM Delnor, NM McHenry, NM Huntley, NM Woodstock and NM MRH are prioritizing SDOH as a whole.
- NMH and NM LFH are prioritizing economic, workforce and youth development. NMH also continues to prioritize community safety and youth development in reflection of the specific needs of the city of Chicago.
- NM Palos, NM Kishwaukee and NM Valley West are prioritizing food access and insecurity.

The Health System recognizes that our efforts to effect change are most powerful when undertaken in collaboration with, and leveraging the strengths of, our community partners. This has especially proven true as we work to address SDOH. NMHC hospitals continually seek and maintain strong relationships with local residents, business leaders, community service organizations and health departments, among others, to further these efforts.

In FY22, the Health System and our hospitals collaborated with our community partners to address SDOH. The following are highlights of the many initiatives.

Building Healthier Communities Through Community Grants

The Health System fosters and maintains strong relationships with local organizations in each of the communities served by NMHC hospitals. Community organizations are often the voice of the people they serve and have an intimate knowledge of what their communities need most. By providing grants to these organizations, NM facilitates grassroots work that addresses the true needs of our communities.

In an effort towards further alignment throughout the Health System as well as to increase transparency and efficiency, in FY22, NM launched the NM Community Benefit Grant Program. This program established a single application, review, award and stewardship process for the Health System. Through these grants, NM seeks to fund community partners working to improve access to care, address SDOH and eliminate health disparities that contribute to poor health outcomes. In FY22, NM supported 49 community organizations with more than \$1.8 million in total grant funding. Expansion of the program is underway. A list of the organizations supported by each NMHC hospital can be found in the appendix of this report.

In addition to the NM Community Grant Program, the Health System provided smaller donations to 139 community organizations totaling more than \$500,000. In addition to direct funding, NMHC hospitals collaborate with community organizations through shared programming and in-kind support and leadership. A few of these initiatives are highlighted below.

Healing Violence and Trauma in Chicago

While homicides were down in Chicago in 2022, the total is still among the highest in the nation. The

number of shootings was also lower in 2022, but theft numbers rose significantly, with incidents of motor vehicle theft nearly doubling from the previous year.⁵⁸

Much of the violence is clustered in a select number of Chicago neighborhoods, including Bronzeville on the South Side, with those neighborhoods experiencing persistent, exceptionally high rates of gun violence. For nearly 10 years, the Health System, and NMH directly, have partnered with Bright Star Community Outreach (BSCO) to help address the underlying causes of violence and trauma in the Bronzeville community. In 2017, NMH — along with community partners including the University of Chicago Medicine, Sinai Health System and United Way — supported BSCO’s launch of The Urban Resiliency Network (TURN) Initiative. TURN provides trauma counseling and support directly to the community it serves including through its Trauma Helpline.

NMH reconfirmed its commitment to BSCO in FY22 through a two-year, \$1 million grant.⁵⁹ The grant will:

- Help expand access to healthcare and community resources
- Directly support BSCO programs that focus on workforce development, provide trauma counseling and address food insecurity, among issues
- Address SDOH

The FY22 grant brings the Health System’s total support for BSCO to more than \$2 million. The Health System and BSCO collaborate on a number of additional initiatives, including the online series *Clergy & Clinicians*, which offers a community health partnership between clergy and NM physicians. The series discusses health issues that disproportionately impact Black and Hispanic populations.⁶⁰

NMH is also a proud member of the Chicago Hospital Engagement, Action, and Leadership (HEAL) Initiative launched by U.S. Senator Dick Durbin in 2018. The HEAL Initiative is an action-planning partnership between 10 Chicago-area hospitals committed to tangibly impacting violence and trauma, and increasing economic opportunities in Chicago’s most underserved neighborhoods. NM employees hail from 85% of Chicago-area ZIP codes, including the most economically challenged areas and neighborhoods defined as “high-hardship” by HEAL. In FY22, NMH made an additional three-year commitment to the HEAL Initiative. Work is underway to expand a “HEAL-like” framework to increase recruitment and talent pipelines from historically under-resourced areas in all communities served by NMHC hospitals as part of the Health System’s DEI strategy.

Mental Health and Substance Use Programs

Approximately 25% of adults in the United States have a mental health or substance use disorder.⁶¹ Recent CHNAs completed by NMHC hospitals report mental health as a major concern in their respective

⁵⁸ U. of C. Crime Lab Director on What Data Shows About Chicago’s Crime Rate in 2022. WTTW.

<https://news.wttw.com/2022/12/17/u-c-crime-lab-director-what-data-says-about-chicago-s-crime-rate-2022>.

⁵⁹ NMH’s grant to BSCO is separate from, and in addition to, the NM Community Grant Program outlined above. The grant was made possible through philanthropic funds and is not included in NMHC’s community benefit donation totals.

⁶⁰ *Clergy & Clinicians*. <https://www.nm.org/about-us/community-partnership-program/clergy-and-clinicians>.

⁶¹ *What We Know: Tobacco Use and Quitting Among Individuals With Behavioral Health Conditions*. Centers for Disease Control and Prevention. <https://www.cdc.gov/tobacco/disparities/what-we-know/behavioral-health->

communities. In addition to the resources offered by the Health System to address mental illnesses in both inpatient and outpatient settings, NMHC hospitals collaborate with community partners, ranging from local park and school districts to county health departments and religious institutions, to provide mental health education resources in a community-based setting. One such resource is the Mental Health First Aid (MHFA) Program, which is a skills-based training course that teaches participants about mental health and substance use issues. The Health System supports MHFA training for both youth and adults in multiple communities served by NMHC hospitals, including NMH, NM LFH, NM Delnor, NM McHenry and NM Palos. More than 110 community members completed NM-supported MHFA training in FY22.

U.S. adults with behavioral health disorders consume approximately 40% of all cigarettes in the country. Furthermore, those individuals die about five years earlier than people without such conditions, with more than 50% of those deaths resulting from tobacco-attributable diseases.⁶² In FY22, NM CDH offered the Clear the Air smoking cessation program for Behavioral Health Services (BHS). Through this program, BHS patients at NM CDH receive the tools needed to create their own individual plan to quit smoking. Topics covered include the health effects of smoking and quitting smoking, physical and psychological addiction, triggers, smoking cessation aids, community resources and quitting plans. Twenty people were served by the program in FY22.

In addition to services directly offered by the Health System, NM further supports mental health and substance use programs in the community through the NM Community Grant Program outlined earlier in this report.

Closing Remarks

Northwestern Memorial HealthCare (NMHC) is deeply committed to improving the health of the communities we serve. At the heart of our organization are individuals who are called to be caregivers, driven to improve the physical, social and economic health of our patients, workforce and communities.

NM now provides care throughout Chicago, Northeast Illinois and beyond. NMHC follows a systemwide Community Benefits Plan that is executed with sensitivity to the individual needs of our communities, which span urban, suburban and rural populations. For generations, as bedrock institutions in our respective communities, the hospitals of NMHC have served the vital role of providing trusted medical care and responding to the needs of our communities in myriad ways.

In alignment with the tripartite mission of academic medicine, NM is committed to training a robust healthcare workforce including future physicians, nurses, allied health professionals and administrators. Concerted efforts are made to recruit students from traditionally underrepresented communities to serve as healthcare leaders of tomorrow. Training clinicians is exceptionally expensive and severely underfunded by government assistance programs. NM underwrites the cost of these programs to ensure that we can meet the growing healthcare workforce demands in our communities.

By leveraging our relationship with Northwestern University Feinberg School of Medicine (FSM), the Health System conducts and supports breakthrough research. Together, we are leaders in scientific discovery, quality, patient safety and research-informed treatment. NM remains steadfast in our commitment to

[conditions/index.html#:~:text=Behavioral%20health%20treatment%20settings%20have%20permitted%20tobacco%20use,health%20and%20substance%20use%20disorder%20treatment%20outcomes.%201%2C2%2C10%2C13.](#)

⁶² Id.

addressing the underlying causes of health disparities in our communities, developing innovative treatments and medical advances, and expanding clinical trials, among hundreds of other research initiatives.

The Health System demonstrates a commitment to the communities we serve by providing access to quality care, regardless of the patient's ability to pay; cultivating economic vitality; and increasing community engagement. Our mission-driven commitment to members of our community who are the most medically underserved is underscored by our Charity Care and Presumptive Eligibility policies, and supplemented with additional financial assistance services. NMHC underwrites the cost of many critically important healthcare services, from trauma care to comprehensive behavioral health services.

NM's reputation for providing care to all is evidenced by the number of patients who bypass many other sites of care to seek out care at NMHC hospitals; whether they are coming from across Chicago or around the world, patients travel to NM to receive exceptional care. NMHC has cultivated longstanding relationships with community clinical providers and FQHCs in each of the communities we serve, ensuring all members of our communities, including those who have been historically medically underserved, receive the care they need.

Poverty and underemployment have a detrimental impact and lead to poor health outcomes for individuals and communities alike. NM contributes to a vibrant economy through workforce and economic development, DEI initiatives, youth pipeline programs and local procurement. In FY22, the Health System concentrated workforce development efforts in high-hardship communities through job fairs, hiring events, job readiness workshops and pilot programs. Comprehensive job training and career development programs are offered at every NMHC hospital in both clinical and nonclinical settings. NM has long invested in programs that provide educational and employment opportunities for youth, often collaborating with schools and social services providers to reach those students who need the programs the most. As a member of the HEAL Initiative, NMH increased hiring from ZIP codes defined as "high-hardship" and made significant investments in those communities in the form of supply and services procurement.

The Health System recognizes that we alone cannot improve the health of the communities we serve; in order to truly have an impact, we are committed to increasing community engagement and collaboration. NMHC hospitals continually seek and maintain strong relationships with local residents, business leaders, community service organizations, school and park districts, and health departments, among others, to address the underlying causes of health disparities caused by SDOH. In FY22, the Health System launched a Community Grant Program to provide direct funding to community-based organizations. Additional programs were tailored to the unique community needs of each hospital and included interventions to address endemic violence, and mental health and substance use disorders.

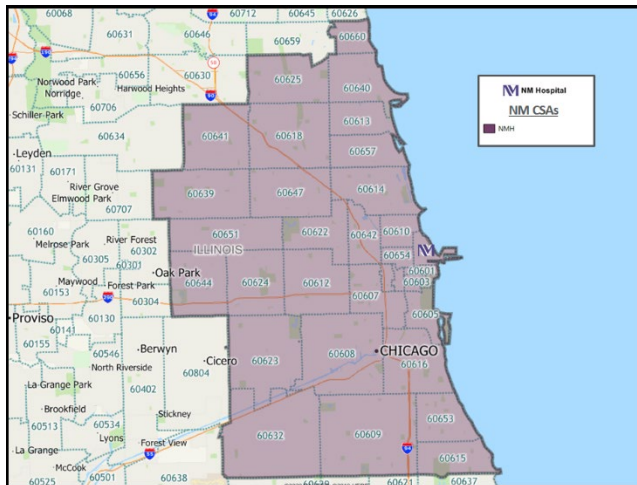
In total, for the fiscal year ended August 31, 2022, NMHC contributed more than \$1.253 billion in community benefits, inclusive of charity care, other unreimbursed care, research, education and other community benefits to the state of Illinois.

**Northwestern Memorial HealthCare
and Subsidiaries
Community Benefits Plan Report
for the Fiscal Year Ended August 31, 2022
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Northwestern Memorial Hospital

The No. 1 hospital in Illinois,⁶³ Northwestern Memorial Hospital (NMH) is a 943-bed, acute-care, academic medical center (AMC) in downtown Chicago that provides a complete range of adult inpatient and outpatient services in an educational and research environment. For more than 150 years, NMH and its predecessor institutions have served the residents of Chicago. The commitment to provide quality health care, regardless of the patient's ability to pay, reaches back to the founding principles of our predecessors and continues to be integral to our patients-focused mission.



NMH serves a large, complex and diverse area, with patients coming from the city of Chicago and surrounding counties. The NMH Community Service Area (CSA) is defined as a seven-mile radius around NMH, which includes 34 ZIP codes.

NMH is among the limited number of hospitals in the United States to be designated as a major teaching hospital by the Association of American Medical Colleges (AAMC). Though comprising only 5% of the acute-care, general-service hospitals in the United States, in aggregate, major teaching hospitals provide a disproportionate amount of charity care and Medicaid inpatient services.⁶⁴ Recent reports show that nonprofit hospitals in the United States provide nearly nine times more community benefit than foregone federal revenue.⁶⁵ This proves true for NMH: NMH is the third-largest provider of charity care⁶⁶ and the third-largest Medicaid provider in Illinois.⁶⁷ As AMCs serve as major referral centers and have very specialized expertise, they provide care to those patients who are unable to receive necessary care

⁶³ 2022 – 2023 Best Hospitals Honor Roll and Medical Specialties Rankings. *U.S. News and World Report*.

<https://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview>.

⁶⁴ 2018, *Teaching Hospitals Spent 20% More on Community Benefits Post-Affordable Care Act*, Association of American Medical Colleges.

⁶⁵ *Estimates of the federal revenue forgone due to the tax-exemption of non-profit hospitals compared to the community benefit they provide, 2019*, Prepared for the American Hospital Association, Ernst & Young, LLP. (2022).

<https://www.aha.org/system/files/media/file/2022/06/E%26Y-Benefit-of-of-Tax-Exemption-Report-FY2019-FINAL-with-links.pdf>. The \$110.9 billion in Community Benefits provided by U.S. tax-exempt hospitals is an increase from the same study performed in 2019 that found \$95 billion in community benefits.

⁶⁶ 2020, Illinois Department of Public Health. The most recent information available.

⁶⁷ 2020, Illinois Department of Healthcare and Family Services, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days. NMH provides pediatric care to infants born at NMH or transferred to its Neonatal Intensive Care Unit from area hospitals because of its participation as a Level III provider in the Perinatal Network of Northeastern Illinois. However, NMH does not have a pediatric program; children account for 46% of all patients on Medicaid.

elsewhere and therefore have a patient population that often have more complex medical conditions and socioeconomic challenges than the general patient population.⁶⁸

FY22 operating statistics:

- More than 43,900 inpatient admissions
- Nearly 12,000 deliveries, making Prentice Women’s Hospital at NMH the largest birthing center in Illinois
- Nearly 83,000 emergency department (ED) visits

NMH is the only adult Level I trauma center in downtown Chicago with 24/7 service. The hospital is also the only AMC in downtown Chicago participating in both city and state Level I trauma networks and as a Level III neonatal intensive care unit. NMH is committed to providing lifesaving care and treatment to adults with the most serious injuries, and to infants who are premature and sick.

As an AMC, NMH is committed to academic medicine’s tripartite mission of clinical care, education and research, and is bonded in an essential relationship with Northwestern University Feinberg School of Medicine (Feinberg) to train the next generation of healthcare leaders and to engage in groundbreaking research. The hospital is recognized for providing excellent patient care and innovative advances in virtually every medical specialty.

As the primary teaching hospital for Feinberg, NMH has 2,228 physicians on the medical staff, the majority of whom have faculty appointments at Feinberg. In addition to training medical students, residents and fellows, NMH also educates an exceptional number of both undergraduate and graduate nursing students. Clinical education is also provided to pharmacists, laboratory professionals, allied health workers and skilled technicians at NMH.

To best address the needs of our patients, NMH routinely works with trusted health and social service partners in the Chicago area. Together with our community partners, NMH works to meet the needs of our community beyond clinical care, including on innovative workforce development and youth pipeline programs, addressing needs related to social determinants of health (SDOH), and leading community engagement. In addition to providing leadership and in-kind support for joint programming with community partners, NMH also directly provides funding to support on-the-ground operations in Chicago. In FY22, NMH supported funds to the following organizations, among others⁶⁹:

- Academy for Global Citizenship
- Acclivus
- African American Christian Foundation
- African American Male Wellness Agency
- Asociacion Latina de Asistencia y Prevencion del Cancer de Mama
- Bickerdike Redevelopment Corporation
- Big Shoulders Fund
- Bright Star Community Outreach
- Chicago Survivors
- Chicago Tech Academy
- Chinese Mutual Aid Association
- Common Threads
- Community Counseling Centers of Chicago (C4)

⁶⁸ 2016, *Policy Priorities to Improve the Nation’s Health*, Association of American Medical Colleges.

⁶⁹ NM’s financial donations are made possible through many sources. Any donations from philanthropic funds are not included in NMHC’s reported community benefits totals. Additionally, any support provided for sponsorship purposes is also not included in NMHC’s reported community benefits totals.

- CommunityHealth
- Council for Jewish Elderly d/b/a CJE SeniorLife
- Distinctively Me
- Enlace Chicago
- Erie Family Health Centers
- EverThrive Illinois
- Families Together Cooperative Nursery School
- Francis W. Parker School
- Growing Home Inc.
- Hephzibah Children's Association
- Higher Learning Network
- Hope Is Loud Foundation
- Humanity Rising, Inc.
- JCFS Chicago
- Kells Park Community Council
- Ladies of Virtue
- Lakeview Pantry
- Meier Clinics Foundation
- NAMI Illinois
- Near North Health Service Corporation
- Neighborhood Housing Services of Chicago, Inc. West Humboldt Park NHS
- North Suburban YMCA
- Northwestern University
- Pancreatic Cancer Action Network
- Saint Anthony Hospital
- Street Samaritans Inc.
- Suburban Primary Health Care Council d/b/a Access to Care
- The Children's Place Association
- The Holiday Heroes Foundation
- The Kindness Campaign
- Urban Juncture Foundation
- Young Men's Christian Association of Metropolitan Chicago d/b/a YMCA of Metro Chicago
- ZERO - The End of Prostate Cancer

Awards and Recognition

- Honor Roll ranking for the 11th consecutive year from *U.S. News & World Report*, 2022 – 2023, Best Hospitals.⁷⁰ NMH was ranked No. 9 on the list of the nation's "Best Hospitals" and is the No. 1 hospital in both the Chicago metropolitan area and in Illinois. NMH is nationally ranked in 10 adult clinical specialties and rated high performing in one adult specialty and 20 procedures and conditions.
- Magnet® designation from the American Nurses Credentialing Center, the gold standard for nursing excellence and quality care. NMH first received Magnet designation in 2006 and was redesignated in 2010, 2015 and 2020. As of January 2023, only 9.96% of *hospitals* in the U.S. have Magnet designation.⁷¹
- Five-star hospital from the Centers for Medicare and Medicaid Services, the highest possible overall ranking for quality.⁷²
- Healthgrades 2022 Outstanding Patient Experience Award, recognizing the top hospitals in the United States that prioritize and excel in providing a best-in-class experience for their patients.⁷³

⁷⁰ 2022 – 2023 Best Hospitals. *U.S. News and World Report*. <https://health.usnews.com/health-care/best-hospitals/articles/best-hospitals-honor-roll-and-overview>.

⁷¹ American Nurses Credentialing Center (ANCC) Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization>.

⁷² Centers for Medicare and Medicaid Services, Star Rating August 2022. <https://medicare.gov/hospitalcompare>.

⁷³ 2023, Healthgrades 2022 Outstanding Patient Experience Award. AboutHealthTransparency.org. <https://abouthealthtransparency.org/2022/06/healthgrades-2022-outstanding-patient-experience-award/#:~:text=Healthgrades%20announced%20the%20recipients%20of%20the%20Healthgrades%202022,in%20providing%20a%20best-in-class%20experience%20for%20their%20patients>.

- Patient Blood Management (PBM) Certification by The Joint Commission and the Association for the Advancement of Blood & Biotherapies (AABB). NMH is the first hospital in Illinois to receive this distinction, which recognizes hospitals for implementing practices that manage and preserve their blood, eliminating unnecessary transfusions and adverse outcomes, and ensuring future blood component availability.⁷⁴
- Clinical Radiopharmaceutical Therapy Center of Excellence by the Society of Nuclear Medicine and Molecular Imaging (SNMMI). NMH is the only site in Illinois with this designation for bringing state-of-the-art care to patients.⁷⁵
- Women’s Choice Award, 2022, Top 100 hospitals for patient experience.⁷⁶
- LGBTQ Healthcare Equality Leader by the Human Rights Campaign Foundation on its 2022 Healthcare Equality Index (HEI) for promoting equitable and inclusive care for LGBTQ patients and their families, for the sixth consecutive year.⁷⁷

⁷⁴ The Joint Commission, Patient Blood Management Certification. <https://www.jointcommission.org/what-we-offer/certification/certifications-by-setting/hospital-certifications/patient-blood-management-certification>.

⁷⁵ Radiopharmaceutical Therapy Centers of Excellence, SNMMI. https://therapy.snmmi.org/SNMMI-THERAPY/Resources/SNMMI-THERAPY/Radiopharmaceutical_Therapy_Centers_of_Excellence.aspx.

⁷⁶ 2022, Women’s Choice Award, 100 Best Hospitals, Patient Experience. <https://womenschoiceaward.com/best-hospitals/chicago-il/northwestern-memorial-hospital>.

⁷⁷ 2022 Healthcare Equality Index, Human Rights Campaign. <https://www.hrc.org/resources/healthcare-equality-index>.

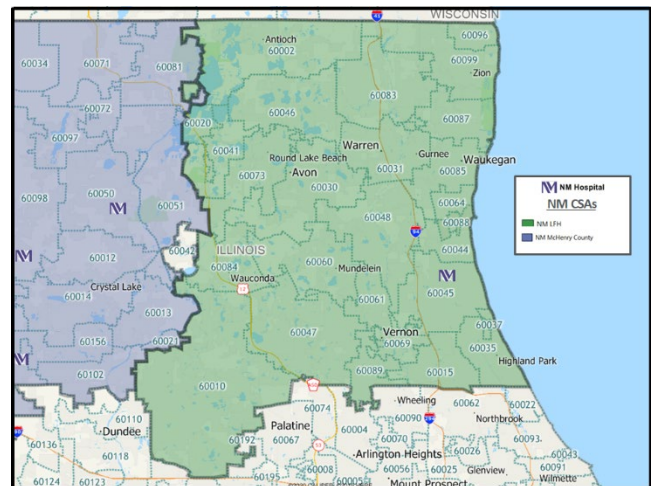
Northwestern Medicine Lake Forest Hospital

Northwestern Medicine Lake Forest Hospital (NM LFH) is a state-of-the-art, 114-bed hospital serving the majority of Lake County, Illinois. Since joining NMHC in 2010, NM LFH has created a seamless pathway to specialty care for its patients throughout the Health System. In 2018, the Health System proudly opened the new NM LFH, continuing a longstanding commitment to deliver world-class medicine to the region. The redeveloped main hospital campus as well as two outpatient facilities, in Grayslake and Glenview, provide access to primary, specialty and emergency care. NM Grayslake includes a freestanding emergency center that provides 24-hour access to emergency care in Greater Lake County. 992 physicians practice at NM LFH.

NM LFH operates the Northwestern McGaw Family Medicine Residency at Lake Forest, and its residents train at NM LFH, NM Grayslake and Erie HealthReach Waukegan (Erie Waukegan), a local federally qualified health center (FQHC). NM LFH underwrites the cost of the residency program at Erie Waukegan, which had 24 residents in FY22.

FY22 operating statistics:

- More than 10,600 inpatient admissions
- More than 64,300 ED visits



NM LFH continues to experience the highest growth rate in Medicaid days and admissions among Lake County hospitals⁷⁸ and is committed to serving the residents in Lake County who are most at risk for poor outcomes due to needs associated with SDOH. In FY20, NM LFH launched its new Transitional Care Clinic (TCC) to provide medical and psychosocial support to patients who do not have a primary care physician and face complex challenges navigating the healthcare system following an inpatient or emergency health episode.

NM LFH cultivates many longstanding relationships with health, community and social services providers in Lake County. In conjunction with our community partners, NM LFH is working to address SDOH and other needs in the communities we serve. Together, we offer community-based programs, and provide guidance and in-kind and financial support.

⁷⁸ Illinois Department of Healthcare and Family Services (HFS).

In FY22, NM LFH was proud to support the below organizations with funding as part of its community benefits efforts.⁷⁹

- City of North Chicago
- Elyssa's Mission
- The Josselyn Center
- LEAD (Linking Efforts Against Drugs)
- LGBTQ Center Lake County
- Mano a Mano Family Resource Center
- Northern Illinois Recovery Community Organization (NIRCO)
- The Roberti Community House
- United Way of Lake County
- Waukegan Public Library Foundation

Awards and Recognition

- No. 12 (tie) in both Illinois and Chicago by *U.S. News & World Report*, 2022 – 2023, Best Hospitals.⁸⁰ The hospital also earned national rankings in Neurology and Neurosurgery, and Pulmonology and Lung Surgery.
- Magnet designation from the American Nurses Credentialing Center, the gold standard for nursing excellence and quality care. NM LFH first received Magnet designation in 2010 and was redesignated in 2015 and 2020. As of January 2023, only 9.96% of *hospitals* in the U.S. have Magnet designation.⁸¹
- Healthgrades 2022 Outstanding Patient Experience Award, recognizing the top hospitals in the United States that prioritize and excel in providing best-in-class experiences for their patients.⁸²
- LGBTQ Healthcare Equality Leader by the Human Rights Campaign Foundation on its 2022 Healthcare Equality Index (HEI) for promoting equitable and inclusive care for LGBTQ patients and their families, for the third consecutive year.⁸³

⁷⁹ NM's financial donations are made possible through many sources. Any donations from philanthropic funds are not included in NMHC's reported community benefits totals. Additionally, any support provided for sponsorship purposes is also not included in NMHC's reported community benefits totals.

⁸⁰ 2022 – 2023 Best Hospitals. *U.S. News and World Report*. <https://health.usnews.com/best-hospitals/area/il/northwestern-lake-forest-hospital-6432060?>

⁸¹ American Nurses Credentialing Center (ANCC) Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization>.

⁸² 2023, Healthgrades 2022 Outstanding Patient Experience Award. AboutHealthTransparency.org. <https://abouthealthtransparency.org/2022/06/healthgrades-2022-outstanding-patient-experience-award/#:~:text=Healthgrades%20announced%20the%20recipients%20of%20the%20Healthgrades%202022,in%20providing%20a%20best-in-class%20experience%20for%20their%20patients>.

⁸³ 2022 Healthcare Equality Index, Human Rights Campaign. <https://www.hrc.org/resources/healthcare-equality-index>.

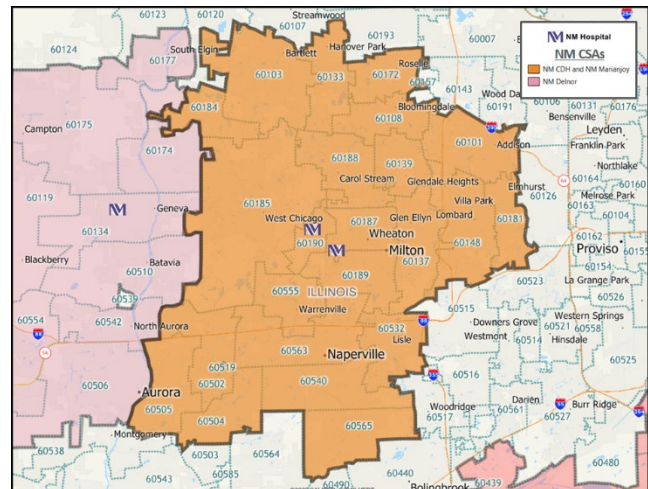
Northwestern Medicine Central DuPage Hospital

Northwestern Medicine Central DuPage Hospital (NM CDH) is an acute-care, 408-bed tertiary community hospital located in Winfield, Illinois. NM CDH has a deep, nearly 60-year history of caring for its community and providing quality health care to the residents of DuPage County and beyond. NM CDH joined the Health System in 2014, connecting the residents of Chicago's west suburbs to specialty care across NMHC, including access to front-line clinical trials. The hospital provides a full range of emergency, inpatient and outpatient services to patients in DuPage County, and is the single-largest Medicaid provider in the county.⁸⁴ NM CDH also serves as a regional destination for clinical services including oncology, neurology, pediatrics, cardiology and orthopaedics. More than 1,300 physicians are on the medical staff at NM CDH.

NM CDH is home to Northwestern Medicine Proton Center, combining advanced technology, exceptional care and academic medicine to bring the latest advances in cancer treatment to the west suburbs. Equipped with state-of-the-art proton therapy technology, and a team of experienced radiation oncologists and other highly skilled medical professionals, the center uses precision medicine to provide exceptional patient care and effective, innovative radiation treatment for multiple types of tumors and cancers.

FY22 operating statistics:

- More than 21,500 inpatient admissions
- More than 70,500 ED visits



To better serve our community, NM CDH cultivates relationships with many community-based organizations, including social services and health providers, health departments, school and park districts, religious organizations and many others. NM CDH supports these organizations through financial and in-kind support as well as by jointly providing programs to the community. In FY22, NM CDH provided financial support to the following organizations⁸⁵:

- 360 Youth Services
- Bloomington Chamber of Commerce
- Bridge Communities
- Carlton Center, Inc.
- Choose DuPage
- City of Warrenville

⁸⁴ 2020, Illinois Department of Healthcare and Family Services, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days.

⁸⁵ NM's financial donations are made possible through many sources. Any donations from philanthropic funds are not included in NMHC's reported community benefits totals. Additionally, any support provided for sponsorship purposes is also not included in NMHC's reported community benefits totals.

- Coalition of Schools Educating Mindfully
- DuPage Habitat for Humanity and Chicago South Suburbs
- DuPagePads
- Glen Ellyn Chamber of Commerce
- Glenbard High School District 87 – GPS
- Knights of Columbus Council 8002
- Lisle Area Chamber of Commerce
- Midwestern University
- Naperville Area Chamber of Commerce
- Northern Illinois Food Bank
- People Made Visible Inc. (Healthy West Chicago)
- People's Resource Center
- Samaritan Interfaith Counseling Center, Inc. d/b/a SamaraCare
- Simply Destinee
- Spectrios Institute for Low Vision
- The Winfield Foundation
- UMANA
- USA Cycling Cyclocross National Championships
- Warrenville Park District
- Western DuPage Chamber of Commerce
- Western DuPage Special Recreation Association
- Wheaton Chamber of Commerce
- Winfield Education Foundation

Awards and Recognition

- No. 12 (tie) in both the Chicago metro area and in Illinois according to *U.S. News & World Report, 2022 – 2023, Best Hospitals*.⁸⁶
- Magnet designation from the American Nurses Credentialing Center, the gold standard for nursing excellence and quality care. NM CDH first received Magnet designation in 2010 and was redesignated in 2015 and 2020. As of January 2023, only 9.96% of *hospitals* in the U.S. have Magnet designation.⁸⁷
- “A” Hospital Safety Grade score from the Leapfrog Group. The Hospital Safety Grade scores hospitals on how safe they keep their patients from errors, injuries, accidents and infections. NM CDH is one of only 22 “Straight A” hospitals in the nation, having received 21 consecutive “A” grades since the rating’s launch.⁸⁸
- Healthgrades 2022 Outstanding Patient Experience Award, recognizing the top hospitals in the United States that prioritize and excel in providing a best-in-class experience for their patients.⁸⁹
- LGBTQ Healthcare Equality Leader by the Human Rights Campaign Foundation on its 2022 Healthcare Equality Index (HEI) for promoting equitable and inclusive care for LGBTQ patients and their families, for the third consecutive year.⁹⁰

⁸⁶ 2022 – 2023 Best Hospitals. *U.S. News and World Report*. <https://health.usnews.com/best-hospitals/area/il/cadence-health-central-dupage-hospital-6430019>.

⁸⁷ American Nurses Credentialing Center (ANCC) Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization>.

⁸⁸ Leapfrog Hospital Safety Grade. <https://www.hospitalsafetygrade.org>.

⁸⁹ 2023, Healthgrades 2022 Outstanding Patient Experience Award. AboutHealthTransparency.org. <https://abouthealthtransparency.org/2022/06/healthgrades-2022-outstanding-patient-experience-award/#:~:text=Healthgrades%20announced%20the%20recipients%20of%20the%20Healthgrades%202022,in%20providing%20a%20best-in-class%20experience%20for%20their%20patients>.

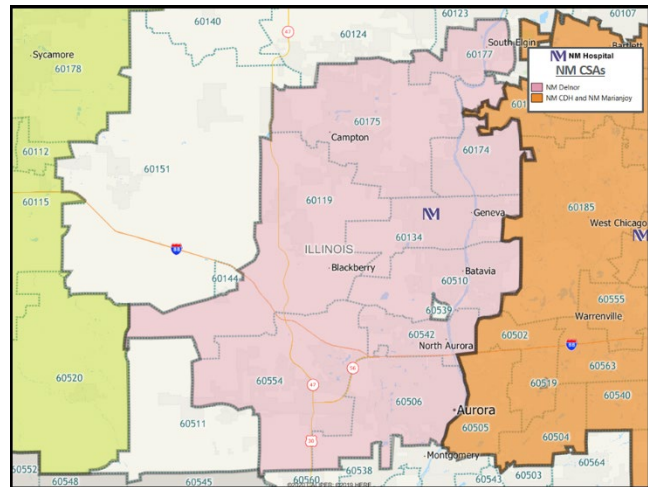
⁹⁰ 2022 Healthcare Equality Index, Human Rights Campaign. <https://www.hrc.org/resources/healthcare-equality-index>.

Northwestern Medicine Delnor Hospital

Northwestern Medicine Delnor Hospital (NM Delnor) is an acute-care, 159-bed community hospital in Geneva, Illinois. NM Delnor continues its longstanding commitment to provide quality clinical and patient-centered care to patients in Kane County and the Fox Valley region. NM Delnor provides comprehensive care through a medical staff of 700 physicians. NM Delnor joined the Health System in 2014, greatly expanding access to specialty care for its patients, including breakthrough clinical trials, all in the comfort of a community hospital setting.

FY22 operating statistics:

- More than 9,700 inpatient admissions
- Nearly 40,000 ED visits



NMHC's commitment to academic medicine has now brought expansion of medical education to the west suburbs. In 2019, NM Delnor welcomed the first class of physician trainees to the Northwestern McGaw Family Medicine Residency at Delnor. The program had 24 residents in FY22. In FY20, the Health System launched its second Pharmacy Residency Program at NM Delnor, which is the only program of its kind within 25 miles of the hospital.

As a longstanding pillar of the community, NM Delnor maintains relationships with many community, health and social services providers in the greater Fox Valley region. NM Delnor provides programming with community partners, as well as in-kind and financial support. In FY22, NM Delnor was proud to support the following organizations, among others⁹¹:

- Aurora Area Interfaith Food Pantry
- Batavia Chamber of Commerce
- Elgin Area Chamber of Commerce
- Elgin Well Child Conference and Referral Service d/b/a Well Child Connection
- Geneva Chamber of Commerce
- Geneva Park District
- Kane County State's Attorney's Office
- Mutual Ground, Inc.
- St. Charles Area Chamber of Commerce
- St. Charles Park Foundation
- Tri City Health Partnership, Inc.
- VNA Health Care

⁹¹ NM's financial donations are made possible through many sources. Any donations from philanthropic funds are not included in NMHC's reported community benefits totals. Additionally, any support provided for sponsorship purposes is also not included in NMHC's reported community benefits totals.

Awards and Recognition

- No. 18 in the Chicago metro area and No. 20 in Illinois according to *U.S. News & World Report*, 2022 – 2023, Best Hospitals.⁹²
- Magnet® designation from the American Nurses Credentialing Center, the gold standard for nursing excellence and quality care. NM Delnor first received Magnet designation in 2004 and was redesignated in 2008, 2013 and 2018. In 2004, NM Delnor was the first non-academic hospital in Illinois to receive this honor. As of January 2023, only 9.96% of *hospitals* in the U.S. have Magnet designation.⁹³
- “A” Hospital Safety Grade score in FY22 from the Leapfrog Group. The Hospital Safety Grade scores hospitals on how safe they keep their patients from errors, injuries, accidents and infections.⁹⁴
- Five-star hospital from the Centers for Medicare and Medicaid Services, the highest possible overall ranking for quality.⁹⁵
- Healthgrades 2022 Outstanding Patient Experience Award, recognizing the top hospitals in the United States that prioritize and excel in providing best-in-class experience for their patients, and the Patient Safety Excellence Award in recognition of NM Delnor’s demonstrated excellent performance in safety for patients.⁹⁶
- LGBTQ Healthcare Equality Leader by the Human Rights Campaign Foundation on its 2022 Healthcare Equality Index (HEI) for promoting equitable and inclusive care for LGBTQ patients and their families, for the third consecutive year.⁹⁷

⁹² 2021 – 2022 Best Hospitals. *U.S. News and World Report*. <https://health.usnews.com/best-hospitals/area/il/cadence-health-delnor-hospital-6431765>.

⁹³ American Nurses Credentialing Center (ANCC) Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization>.

⁹⁴ Leapfrog Hospital Safety Grade. <https://www.hospitalafetygrade.org>.

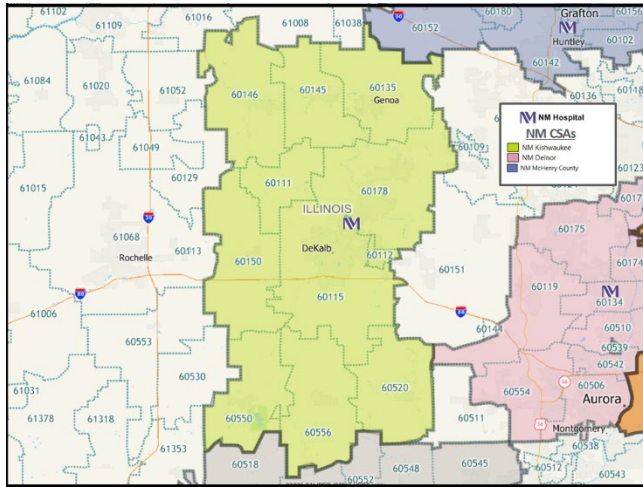
⁹⁵ Centers for Medicare and Medicaid Services, Star Rating August 2022. <https://medicare.gov/hospitalcompare>.

⁹⁶ 2023, Healthgrades 2022 Outstanding Patient Experience Award. AboutHealthTransparency.org. <https://abouthealthtransparency.org/2022/06/healthgrades-2022-outstanding-patient-experience-award/#:~:text=Healthgrades%20announced%20the%20recipients%20of%20the%20Healthgrades%202022,in%20providing%20a%20best-in-class%20experience%20for%20their%20patients>.

⁹⁷ 2022 Healthcare Equality Index, Human Rights Campaign. <https://www.hrc.org/resources/healthcare-equality-index>.

Northwestern Medicine Kishwaukee Hospital

Part of NMHC since 2015 and located in DeKalb, Illinois, Northwestern Medicine Kishwaukee Hospital (NM Kishwaukee) is an acute-care, 98-bed community hospital with an enduring commitment to the residents of DeKalb County. Due to the low ratio of primary care physicians and advanced practice providers to residents in DeKalb County, portions of the county have been designated by the federal government as a Medically Underserved Population (MUP). With a medical staff of 380 physicians, NM Kishwaukee provides much-needed access to quality health care in its community.



FY22 operating statistics:

- More than 5,300 inpatient admissions
- More than 35,400 ED visits

The hospital provides care through a broad range of specialties and unique services, including a state-of-the-art Breast Health Center, which opened in 2019. Located on the NM Kishwaukee campus, Northwestern Medicine Ben Gordon Center (NM Ben Gordon) provides mental health counseling and substance misuse treatment for DeKalb County residents. Through the Community Support Program, NM Ben Gordon offers a variety of services to patients who have been diagnosed with severe and persistent mental illness, including intensive levels of care and long-term case management for people who are at high risk of poor outcomes and who have limited or no supportive assistance. The DeKalb County Mental Health Board provides an operational grant that partially offsets the cost of providing these services. Together, NM Kishwaukee and NM Valley West are the top Medicaid providers in DeKalb County.⁹⁸

NM Kishwaukee is committed to serving the residents of greater DeKalb County. NM Kishwaukee supports community-based health programming and provides in-kind, leadership and financial support to our community partners. In FY22, NM Kishwaukee supported the following organizations, among many more⁹⁹:

- Adventure Works
- Barb Food Mart
- CASA DeKalb County, Inc.
- DCEDC

⁹⁸ 2020, Illinois Department of Healthcare and Family Services, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days.

⁹⁹ NM's financial donations are made possible through many sources. Any donations from philanthropic funds are not included in NMHC's reported community benefits totals. Additionally, any support provided for sponsorship purposes is also not included in NMHC's reported community benefits totals.

- DeKalb Chamber of Commerce
- DeKalb Corn Classic
- DeKalb County Community Foundation
- DeKalb County Community Gardens
- DeKalb County Farm Bureau
- Family Service Agency of DeKalb County, Inc.
- Genoa Area Chamber of Commerce
- Genoa-Kingston CUSD 424
- Genoa-Kingston United Way
- Greater Sycamore Chamber of Commerce
- Hope Haven of DeKalb County, Inc.
- Kishwaukee United Way
- Knights of Columbus DeKalb Council 717
- Northern Public Radio (Northern Illinois University Foundation)
- Opportunity House, Inc.
- Pay It Forward House, NFP
- RAMP (Regional Access & Mobilization Project, Inc.)
- Shady Tree
- Sycamore Park District
- Sycamore Sports Boosters (The Challenge)
- The DeKalb Area Alano Club
- Voluntary Action Center
- Waterman Lions Club Charities, Inc.

Awards and Recognition

- Magnet® designation from the American Nurses Credentialing Center, the gold standard for nursing excellence and quality care. As of January 2023, only 9.96% of *hospitals* in the U.S. have Magnet designation.¹⁰⁰
- “A” Hospital Safety Grade score in FY22 from the Leapfrog Group. The Hospital Safety Grade scores hospitals on how safe they keep their patients from errors, injuries, accidents and infections.¹⁰¹
- Healthgrades 2022 Outstanding Patient Experience Award, recognizing the top hospitals in the United States that prioritize and excel in providing a best-in-class experience for their patients, for the first time.¹⁰²
- LGBTQ Healthcare Equality Leader by the Human Rights Campaign Foundation on its 2022 Healthcare Equality Index (HEI) for promoting equitable and inclusive care for LGBTQ patients and their families, for the third consecutive year.¹⁰³
- Baby-Friendly Designation from Baby-Friendly USA, a global initiative launched by the World Health Organization and the United Nations Children’s Fund to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding.¹⁰⁴

¹⁰⁰ American Nurses Credentialing Center (ANCC) Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization>.

¹⁰¹ Leapfrog Hospital Safety Grade. <https://www.hospitalafetygrade.org>.

¹⁰² 2023, Healthgrades 2022 Outstanding Patient Experience Award. AboutHealthTransparency.org. <https://abouthealthtransparency.org/2022/06/healthgrades-2022-outstanding-patient-experience-award/#:~:text=Healthgrades%20announced%20the%20recipients%20of%20the%20Healthgrades%202022,in%20providing%20a%20best-in-class%20experience%20for%20their%20patients>.

¹⁰³ 2022 Healthcare Equality Index, Human Rights Campaign. <https://www.hrc.org/resources/healthcare-equality-index>.

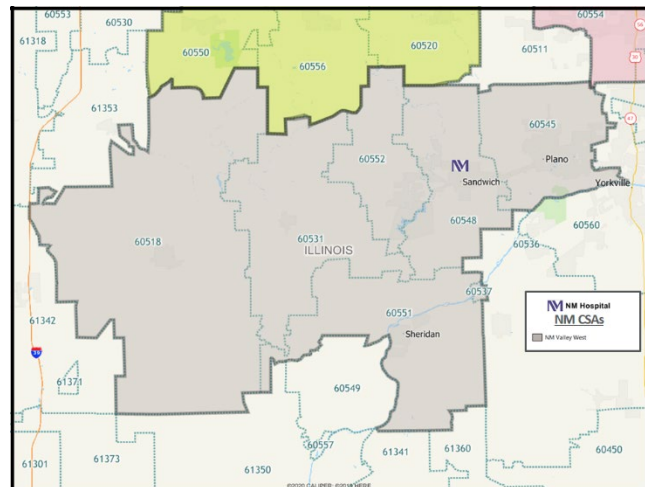
¹⁰⁴ The Baby-Friendly Hospital Initiative, Baby-Friendly USA. <https://www.babyfriendlyusa.org/about>.

Northwestern Medicine Valley West Hospital

Northwestern Medicine Valley West Hospital (NM Valley West) is a critical-access, 25-bed hospital in Sandwich, Illinois, that has served the Fox Valley community for more than 70 years. Critical Access Hospital is a designation given to eligible rural hospitals by the Centers for Medicare and Medicaid Services. As a Critical Access Hospital in a service area that encompasses parts of DeKalb County, with its designated MUP, NM Valley West provides essential services to its rural community. NM Valley West greatly expands access to care in its rural community by providing a seamless pathway from critical care to specialty care across the Health System. More than 200 physicians are on the NM Valley West medical staff, representing a wide range of specialties. NM Valley West joined the Health System in 2015. Together, NM Kishwaukee and NM Valley West are the top Medicaid providers in DeKalb County.¹⁰⁵

FY22 operating statistics:

- Nearly 760 inpatient admissions
- More than 8,800 ED visits



NM Valley West is proud to support its community. Often in collaboration with NM Kishwaukee, NM Valley West provides community-based health programs as well as in-kind and financial support for community partners. In FY22, NM Valley West supported the following organizations¹⁰⁶:

- Equine Dreams
- Fox Valley Family YMCA
- Fox Valley Older Adult Services d/b/a Fox Valley Community Services
- Open Door Rehabilitation Center
- Plano Area Chamber of Commerce
- Sandwich Area Chamber of Commerce
- Sandwich Education Foundation
- Sandwich Fair Association
- Sandwich Park District
- Sandwich Police Department

¹⁰⁵ 2020, Illinois Department of Healthcare and Family Services, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days.

¹⁰⁶ NM's financial donations are made possible through many sources. Any donations from philanthropic funds are not included in NMHC's reported community benefits totals. Additionally, any support provided for sponsorship purposes is also not included in NMHC's reported community benefits totals.

Awards and Recognition

- Magnet® designation from the American Nurses Credentialing Center, the gold standard for nursing excellence and quality care. As of January 2023, only 9.96% of *hospitals* in the U.S. have Magnet designation.¹⁰⁷
- Baby-Friendly Designation from Baby-Friendly USA, a global initiative launched by the World Health Organization and the United Nations Children’s Fund to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding.¹⁰⁸

¹⁰⁷ American Nurses Credentialing Center (ANCC) Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization>.

¹⁰⁸ The Baby-Friendly Hospital Initiative, Baby-Friendly USA. <https://www.babyfriendlyusa.org/about>.

Northwestern Medicine McHenry Hospital, Northwestern Medicine Huntley Hospital and Northwestern Medicine Woodstock Hospital

In 2018, the Health System grew to incorporate the three hospitals of Centegra Health System, including Northwestern Medicine McHenry Hospital (NM McHenry), Northwestern Medicine Huntley Hospital (NM Huntley) and Northwestern Medicine Woodstock Hospital (NM Woodstock). More than 730 physicians provide comprehensive care to the residents of Greater McHenry County at the three hospitals.

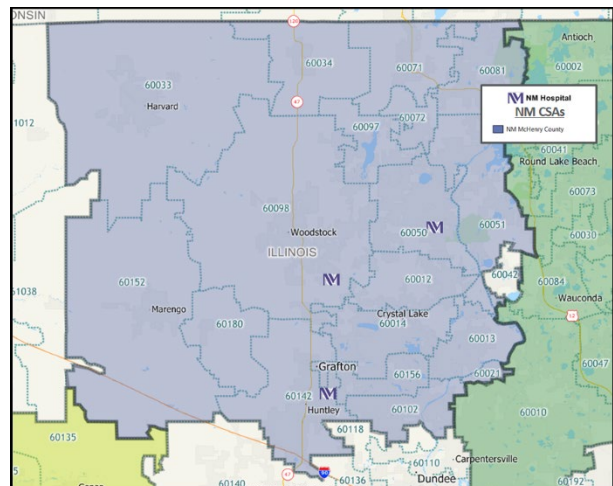
NM McHenry is a 143-bed, acute-care teaching hospital providing comprehensive health care to residents in McHenry, Illinois, and surrounding communities. The hospital provides training to the next generation of clinicians through the Chicago Medical School Internal Medicine Residency at NM McHenry. The program included 34 residents in FY22.¹⁰⁹

Opened in 2016, NM Huntley is an extension of NM McHenry. The 128-bed hospital offers comprehensive care to residents of Huntley, Illinois, and the surrounding communities, including the Sun City Huntley senior living community.

Serving the community for more than 100 years, NM Woodstock is also an extension of NM McHenry. The 56-bed hospital is a regional destination for inpatient and outpatient behavioral health services, inpatient rehabilitation and outpatient care. NM Woodstock's campus is also home to Aunt Martha's Woodstock Community Health Center, an FQHC that offers comprehensive primary care and mental health services to residents of broader McHenry County who are uninsured and underinsured.

FY22 operating statistics:

- NM McHenry
 - More than 8,800 inpatient admissions
 - More than 32,000 ED visits
- NM Huntley
 - More than 9,300 inpatient admissions
 - More than 29,600 ED visits
- NM Woodstock
 - More than 1,500 inpatient admissions
 - Nearly 14,400 ED visits
 - More than 35,200 outpatient registrations



Through care provided by NM McHenry, NM Huntley and NM Woodstock, NM is the largest Medicaid provider in McHenry County.¹¹⁰ The three hospitals have long supported residents of greater McHenry County and cultivate robust relationships with community-based organizations. Through these

¹⁰⁹ The residency program at NM McHenry is affiliated with Chicago Medical School at Rosalind Franklin University of North Chicago.

¹¹⁰ 2020, Illinois Department of Healthcare and Family Services, the most recent information available. The analysis does not include rehabilitation, psychiatric or long-term care hospitals. This report includes both pediatric and adult patient admissions and days.

relationships, NM hospitals support McHenry county residents through joint programming with community partners, as well as providing in-kind, leadership and financial support for community organizations. In FY22, these organizations included¹¹¹:

- Algonquin Founders Days
- Algonquin/Lake in the Hills Chamber of Commerce
- Alzheimer's Association
- Cary Grove Area Chamber of Commerce
- CASA of McHenry County
- Characters of Character NFP Inc.
- City of Woodstock Recreation Department
- Coon Creek Country Days
- Crystal Lake Chamber of Commerce
- Dundee Township Park District
- Elgin Lions Club Foundation
- Family Health Partnership Clinic
- Friends of McHenry County College Foundation
- Gavers Community Cancer Foundation
- GiGi's Playhouse
- Girls on the Run of Northwest Illinois
- Habitat for Humanity of McHenry County
- Hampshire Area Chamber of Commerce
- Harvard Community Senior Center
- Home of the Sparrow, Inc.
- Huntley 158 Education Foundation
- Huntley Area Chamber of Commerce
- Leadership Greater McHenry County
- March of Dimes
- Marengo Union Chamber of Commerce
- McHenry Area Chamber of Commerce
- McHenry County Department of Health
- McHenry County Mental Health Board
- McHenry County Youth Sports Association
- NAMI of McHenry County
- NAMI of McHenry County (MCSPTF)
- New Directions Addiction Recovery Services
- Northern Kane County Chamber of Commerce
- Refuge for Women Chicago
- Rise Up Foundation
- Rotary Club of Carpentersville Morning
- Senior Care Volunteer Network (SCVN)
- Senior Services Associates Inc.
- Sun City Community Association of Huntley
- The Rosecrance Foundation
- Turning Point, Inc.
- Woodstock Chamber of Commerce and Industry

¹¹¹ NM's financial donations are made possible through many sources. Any donations from philanthropic funds are not included in NMHC's reported community benefits totals. Additionally, any support provided for sponsorship purposes is also not included in NMHC's reported community benefits totals.

Awards and Recognition

- No. 9 in both the Chicago metro area and Illinois according to *U.S. News & World Report*, 2022 – 2023, Best Hospitals.¹¹² NM McHenry, NM Huntley and NM Woodstock share one ranking in this report.
- Magnet® designation from the American Nurses Credentialing Center (NM McHenry and NM Huntley). As of January 2023, only 9.96% of *hospitals* in the U.S. have Magnet designation.¹¹³
- “A” Hospital Safety Grade score in FY22 (NM McHenry and NM Huntley) from the Leapfrog Group. The Hospital Safety Grade scores hospitals on how safe they keep their patients from errors, injuries, accidents and infections.¹¹⁴
- Five-star hospital from the Centers for Medicare and Medicaid Services (NM McHenry), the highest possible overall ranking for quality.¹¹⁵
- Healthgrades 2022 Outstanding Patient Experience Award, recognizing the top hospitals in the United States that prioritize and excel in providing a best-in-class experience for their patients.¹¹⁶
- LGBTQ Healthcare Equality Leader by the Human Rights Campaign Foundation (NM McHenry, NM Huntley and NM Woodstock) on its 2022 Healthcare Equality Index (HEI) for promoting equitable and inclusive care for LGBTQ patients and their families.¹¹⁷
- Baby-Friendly Designation from Baby-Friendly USA (NM McHenry and NM Huntley), a global initiative launched by the World Health Organization and the United Nations Children’s Fund to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding.¹¹⁸

¹¹² 2022 – 2023 Best Hospitals. *U.S. News and World Report*. <https://health.usnews.com/best-hospitals/area/il/centegra-hospital-mchenry-6432127>.

¹¹³ American Nurses Credentialing Center (ANCC) Magnet®. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-organization>.

¹¹⁴ Leapfrog Hospital Safety Grade. <https://www.hospitalsafetygrade.org>.

¹¹⁵ Centers for Medicare and Medicaid Services, Star Rating August 2022. <https://medicare.gov/hospitalcompare>.

¹¹⁶ 2023, Healthgrades 2022 Outstanding Patient Experience Award. AboutHealthTransparency.org. Data reported under McHenry Hospital, includes NM Huntley and NM Woodstock, all reporting under one CMS Certification Number). <https://abouthealthtransparency.org/2022/06/healthgrades-2022-outstanding-patient-experience-award/#:~:text=Healthgrades%20announced%20the%20recipients%20of%20the%20Healthgrades%202022,in%20providing%20a%20best-in-class%20experience%20for%20their%20patients>.

¹¹⁷ 2022 Healthcare Equality Index, Human Rights Campaign. <https://www.hrc.org/resources/healthcare-equality-index>.

¹¹⁸ The Baby-Friendly Hospital Initiative, Baby-Friendly USA. <https://www.babyfriendlyusa.org/about>.

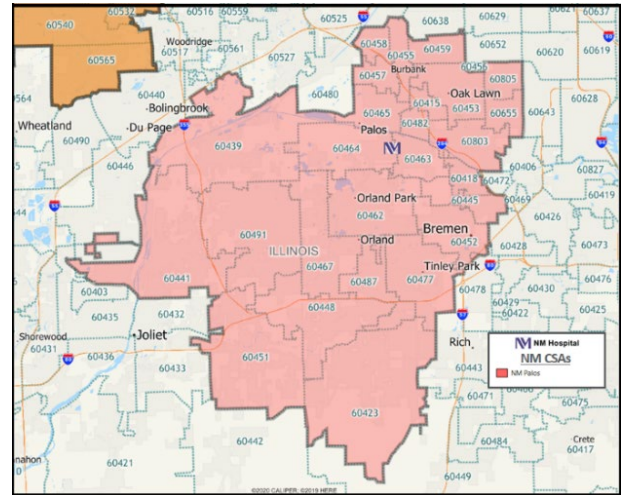
Northwestern Medicine Palos Hospital

The Health System welcomed Northwestern Medicine Palos Hospital (NM Palos) in 2021. NM Palos is a 406-bed, acute-care hospital located in Palos Heights, Illinois, that serves Chicago’s south suburbs, including southwestern Cook County and northeastern Will County. The hospital also has outpatient locations in Orland Park and Mokena. In FY22, NM opened a new multispecialty clinic in the Orland Park outpatient center with services including neurology, esophageal (gastroenterology) and hepatology care. Through seamless integration with the Health System, the new clinic provides access to academic medicine and top-ranked subspecialty programs for patients in south suburban communities, building on NM Palos’ rich history of caring for its community.

723 affiliated physicians provide a complete range of services in a comprehensive ED and Intensive Care Unit, as well as comprehensive cardiovascular, home health, orthopaedic, oncology, maternity and women’s health, pediatric, physical and occupational rehabilitation, and psychiatry and behavioral health services.

FY22 operating statistics:

- Nearly 17,500 inpatient admissions
- Nearly 56,700 ED visits, more than twice as many ED visits as NM Palos had in the previous fiscal year



NM Palos has long supported the communities it serves, including through offering community-based health programs and providing both in-kind and financial support for community-based organizations. In FY22, NM Palos proudly supported the below organizations, among others¹¹⁹:

- Advocates for Community Wellness
- BEDS Plus Care Inc.
- City of Palos Heights Parks and Recreation Department
- Crisis Center for South Suburbia
- Habitat for Humanity Chicago South Suburbs
- Orland Fire Protection District
- Pathlights
- Sertoma Centre, Inc.
- Sleep in Heavenly Peace, Inc.
- Thornton Township
- Together We Cope
- Working On Wellness Foundation Inc.

Awards and Recognition

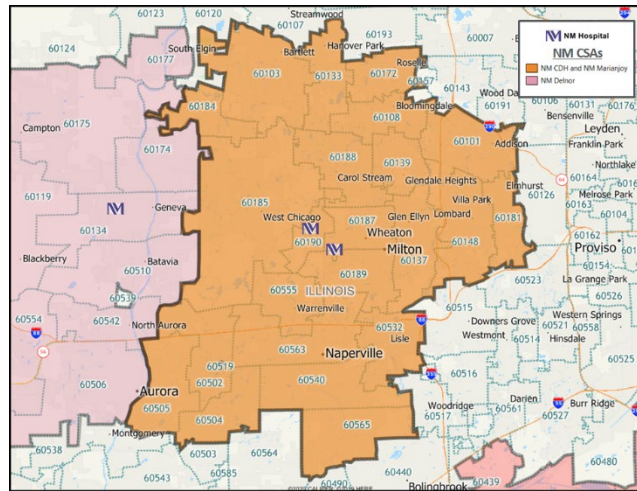
- No. 14 (tie) in both the Chicago metro area and Illinois according to *U.S. News & World Report*, 2022 – 2023, Best Hospitals.¹²⁰

¹¹⁹ NM’s financial donations are made possible through many sources. Any donations from philanthropic funds are not included in NMHC’s reported community benefits totals. Additionally, any support provided for sponsorship purposes is also not included in NMHC’s reported community benefits totals.

¹²⁰ 2022 – 2023 Best Hospitals. *U.S. News and World Report*. <https://health.usnews.com/best-hospitals/area/il/palos-community-hospital-6431060>.

Northwestern Medicine Marianjoy Rehabilitation Hospital

Northwestern Medicine Marianjoy Rehabilitation Hospital is a specialty and teaching hospital in Wheaton, Illinois, dedicated to the delivery of physical medicine and rehabilitation (PM&R). NM MRH joined the Health System in 2016. The hospital trains residents in the highly specialized field of PM&R through clinical experience, educational opportunities and research activities. In FY22, 18 residents trained at NM MRH.¹²¹ Located in DuPage County, NM MRH is a destination hospital and also serves residents of surrounding counties.



A medical staff of 100 physicians provide advanced care through both inpatient and outpatient services for adult and pediatric patients who are recovering from injury or illness, or who require intensive therapy to regain their function and maximize independence. The hospital offers specialty programs focused on stroke, spinal cord injury, brain injury, pediatric conditions, and orthopaedic/musculoskeletal and neuromuscular disorders. NM MRH has 125 licensed beds including 125 acute inpatient rehabilitation beds. Comprehensive care teams of physicians, therapists, rehabilitation nurses and support staff are trained and certified in the latest and most effective treatment approaches. NM MRH has approximately 3,000 inpatient admissions annually.

NM MRH is committed to providing inclusive and equitable care for LGBTQ patients and their families, as recognized by being named an LGBTQ Healthcare Equality Leader by the Human Rights Campaign Foundation 2022 Healthcare Equality Index (HEI), for the third consecutive year.¹²²

Geographic proximity of NM MRH to other NMHC entities, primarily NM CDH and NM Delnor, facilitates the Health System's ability to provide a full continuum of care close to where our patients live and work. NM MRH cares for patients through their entire care cycle, from diagnosis and treatment through rehabilitation.

NM MRH supports the local community by providing programs designed to address the unique needs of its patient population, often in collaboration with community partners and other NM entities.

¹²¹ MRH's residency program is affiliated with Chicago Medical School at Rosalind Franklin University of North Chicago, not with McGaw Medical Center of Northwestern University.

¹²² 2022 Healthcare Equality Index, Human Rights Campaign. <https://www.hrc.org/resources/healthcare-equality-index>.

In FY22, NM MRH was proud to support the following organizations¹²³:

- Easterseals DuPage & Fox Valley
- Illinois Physical Therapy Foundation
- Ray Graham Association for People With Disabilities
- Synapse House

¹²³ NM's financial donations are made possible through many sources. Any donations from philanthropic funds are not included in NMHC's reported community benefits totals. Additionally, any support provided for sponsorship purposes is also not included in NMHC's reported community benefits totals.

Northwestern Medicine Primary Care and Immediate Care Centers

NM aspires to be the destination of choice for people seeking quality health care and for those who provide, support and advance that care through leading-edge treatments and breakthrough discoveries. Access to high-quality care in recent years has been improved by adding new Primary Care locations and comprehensive Immediate Care Centers across communities served by NM, as well as expanding evening and weekend hours at many of these sites. The Health System opened three new ambulatory care centers in FY22, expanding access to high-quality primary and specialty care throughout Chicagoland. These centers are located in Lake Bluff, Evanston and the Lincoln Square neighborhood of Chicago, and are staffed by Northwestern Medical Group physicians. With more than 200 total locations close to patients' homes and workplaces, breakthrough care is now more accessible than ever.

Long-term planning continues for three additional site activations: in the west suburb of Oak Brook, and in the Old Irving Park and Bronzeville neighborhoods of Chicago.

Northwestern Memorial HealthCare Physician Groups

In FY22, Northwestern Memorial HealthCare was the nonprofit parent corporation of two physician groups: Northwestern Medical Group (NMG) and Northwestern Medicine Regional Medical Group (NM RMG).¹²⁴ With locations throughout Chicago and its north, west and south suburbs, and greater DeKalb County, these multispecialty group practices employ nearly 2,500 physicians. NMG is the third-largest physician group in Chicago's surrounding seven counties¹²⁵ and serves as the clinical faculty practice plan of Feinberg; the majority of NMG physicians have faculty appointments with Feinberg.

Northwestern Memorial Foundation

Northwestern Memorial Foundation (NMF) conducts fundraising and other related development activities in support of the Health System's hospitals and NMHC's mission, including securing funding for clinical programs, research, education and community initiatives. NMF raises philanthropic funds from individuals, corporations and foundations, as well as through community fundraising organizations.

¹²⁴ In order to facilitate alignment across regions, multiple physician groups have been merged into NM RMG, including KishHealth Physician Group in September 2018, Centegra Physician Group in May 2019, and Marianjoy Medical Group in September 2019. The operations of Palos Medical Group were largely merged into NM RMG on September 1, 2021 with merger finalized on October 3, 2022.

¹²⁵ 2021, *Chicago's Largest Physician Groups 2021*. Crain's Chicago Business. <https://www.chicagobusiness.com/craains-list/chicagos-largest-physician-groups-2021>.

Subject: FINANCIAL ASSISTANCE TO PATIENTS	Page 1 of 27	Policy # NMHC FIN 03.0012
Title: FINANCIAL ASSISTANCE	Revision of: 02/01/2016	Version: 2.0
		Effective Date: 09/01/2016
		Removal Date:

SCOPE: Applies to entities indicated below as well as their subsidiaries and affiliates

<input checked="" type="checkbox"/> NM – Northwestern Memorial Hospital	<input checked="" type="checkbox"/> NM – Lake Forest Hospital
<input checked="" type="checkbox"/> NM – Northwestern Medical Group	<input checked="" type="checkbox"/> NM – Central DuPage Hospital
<input checked="" type="checkbox"/> NM – Regional Medical Group	<input checked="" type="checkbox"/> NM – Delnor Hospital
<input checked="" type="checkbox"/> NM – Kishwaukee Hospital	<input checked="" type="checkbox"/> NM – Valley West Hospital
<input checked="" type="checkbox"/> NM – Marianjoy Rehabilitation *	<input checked="" type="checkbox"/> NM – Home Health & Hospice
<input checked="" type="checkbox"/> NM – Huntley / <input checked="" type="checkbox"/> NM – McHenry / <input checked="" type="checkbox"/> NM – Woodstock Hospitals	
<input checked="" type="checkbox"/> NM – System Functions / NMHC Employees	
<input type="checkbox"/> NM – Other (Insert Name) **See “Persons Affected Section below**	

**Applies to Marianjoy Rehabilitation and Marianjoy Medical Group as of September 1, 2018*

**Applies to NM-Huntley, NM-McHenry and NM-Woodstock Hospitals as of September 1, 20*

I. PURPOSE:

To define Northwestern Memorial HealthCare’s policy related to the provision of Financial Assistance to those with inadequate financial resources.

II. POLICY STATEMENT:

- A. Northwestern Memorial HealthCare and its Affiliates (collectively referred to herein as “NMHC”), are committed to meeting the health care needs of members of NMHC’s community who are unable to pay for Medically Necessary care received at NMHC Affiliates, including without limitation those who are uninsured, underinsured, ineligible for a government program, or otherwise unable to make payment. Allocation and prioritization of Financial Assistance will take into consideration the many needs of the community, NMHC’s mission as an academic medical center, its financial protocols for allocation of resources, and applicable law and regulation. Notwithstanding the foregoing, NMHC will provide, without discrimination, care for Emergency Medical Conditions to individuals regardless of their eligibility for Financial Assistance under this policy.
- B. Financial Assistance is available through multiple programs (collectively, “Financial Assistance Program” or “Program”) including the following:
 - 1. [*Insured Patient Free And Discounted Care*](#) (set forth on *Appendix B*)
 - 2. [*Uninsured Patient Free And Discounted Care Program*](#) (set forth on *Appendix C*)
 - 3. [*Presumptive Eligibility*](#) (set forth in *Appendix D*)
 - 4. Future programs approved by the Vice President, Revenue Cycle, which shall be included as appendices.

III. **PERSONS AFFECTED:**

This policy applies to all levels of NMHC management and staff of those entities listed on *Appendix A-2* who are involved in the allocation and prioritization of resources to meet the needs of the community. This policy does not apply to physicians who are on staff at an NMHC Hospital Affiliate but who are not otherwise employed by or contracted with an NMHC Physician Affiliate. This policy applies to each Affiliate as an independent entity, and unless otherwise provided herein, each Affiliate shall separately meet the requirements of this policy. A list of health care providers delivering Emergency or other Medically Necessary Care at each Affiliate and whether or not such health care providers are covered by this policy shall be maintained separately by the Financial Counseling Department and shall be incorporated by reference herein as *Appendix G*.

IV. **RESPONSIBILITIES:**

- A. NMHC's Financial Counseling Department is responsible for assisting Applicants applying for Financial Assistance prior to or during the course of treatment.
- B. Areas within NMHC handling billing inquiry, customer service, and self-pay follow-up shall assist Applicants after services have been provided.
- C. The Revenue Cycle Division, including the department and areas listed in Sections IV.A. and IV.B. above, is responsible for the approval of Financial Assistance Applications and obtaining all supporting documentation.
- D. The Revenue Cycle Division is responsible for developing the basis for calculating the amounts charged to Patients and explaining such calculation upon request.

V. **DEFINITIONS:**

Capitalized terms not otherwise defined herein are defined in [Appendix A](#).

VI. **NOTIFICATION:**

To make Patients, Guarantors, their families and the broader community aware of NMHC's Financial Assistance Program, NMHC Hospital Affiliates shall take steps to notify visitors to its facilities of this policy and to widely publicize this policy. Specific notification measures shall be in accordance with applicable law and shall be set forth in specificity in [Appendix E](#).

VII. **DETERMINATION OF ELIGIBILITY:**

- A. **When Eligibility is Determined:** The determination of an Applicant's eligibility for Financial Assistance should be made as early as possible. In cases where the Patient is seeking services other than Emergency Services, determination shall be made prior to the scheduling and/or rendering of services, whenever possible.
- B. **Application Requirement:** Unless eligibility has been previously determined or unless otherwise provided within this policy, the Patient or Guarantor is required to complete an Application for Financial Assistance and provide supporting documentation, which provides, in accordance with law, information about the Applicant's financial position (including, as applicable, information about the Applicant's family) and other information which is necessary in making a determination of eligibility for Financial Assistance. Time frames for submission of an Application and other Application-related time frames shall be in accordance with applicable law and set forth on [Appendix F](#). The Application shall be available on a form provided by NMHC and consistent with the provisions of the Illinois Hospital Uninsured Patient Discount Act and other applicable law. Unless otherwise provided herein or in an appendix, Applications will only be accepted from individuals who have had a previously existing relationship with NMHC during the last 12 months or an upcoming appointment or

admission. Patients shall complete one (1) Application which shall be recognized by all NMHC Affiliates.

C. Length of Approval:

1. Once approved, NMHC shall provide Financial Assistance until such time that alternative sources of payment may be secured. Applicants are expected to cooperate in applying and securing alternate sources of payment when applicable. Accordingly, eligibility determinations shall be valid until commencement of the next enrollment period whereby the Applicant may obtain insurance coverage. Notwithstanding the foregoing, the following limitations apply:
 - a. Financial Assistance for Emergency Services may be limited to the Emergency Services and any related stabilization care;
 - b. Financial Assistance for NMHC Hospital Affiliate services may be approved on an episodic basis and such approval may be subject to additional program requirements and screening procedures set forth in Section IX;
 - c. Eligibility determinations shall not extend beyond 12 months.
 2. Applicants shall be required to promptly advise NMHC of changes in their financial situation which may affect their eligibility during a previously approved period. An Applicant's failure to notify NMHC within 30 days of changes in their financial situation may affect the Applicant's ability to continue to receive Free or Discounted Care or qualify for Financial Assistance in the future.
 3. NMHC's Financial Assistance Policy Committee shall determine the length of time that an eligibility determination based upon alternative methods of qualification (see Section VII.D below) shall be valid; provided, however, that the length of time shall not exceed twelve (12) months.
 4. If a Patient's eligibility terminates during a course of treatment and the treating provider confirms that transitioning care would be detrimental to the Patient, the Patient and/or the treating provider may request an exception which shall be evaluated by the Free Care Committee, subject to approval by the NMHC Medical Director or his or her designee and the Vice President, Revenue Cycle, pursuant to Section XV of this policy.
- D. Alternative Methods of Qualification: NMHC (or its agent), at its discretion, may assess a Patient's or Guarantor's Financial Assistance eligibility by means other than a completed Application. In such instances, eligibility determinations may include the use of information provided by credit reporting agencies, public records, or other objective and reasonably accurate means of assessing a Patient's or Guarantor's Program eligibility.
- E. Withholding of Information: If at any time during the review process it becomes apparent that the Applicant has intentionally withheld relevant information, provided false information, or provided inaccurate information, as evidenced by information obtained through credit agencies or other available sources, and the Applicant is unable to resolve discrepancies to the satisfaction of NMHC, the Applicant may be disqualified for Financial Assistance, which shall result in the resumption of routine collection efforts until such discrepancies are resolved. Notwithstanding the foregoing, NMHC shall not deny Financial Assistance based on information that it has reason to believe is unreliable or incorrect or on information obtained from the Applicant under duress or through the use of coercive practices (including delaying or denying care for Emergency Medical Conditions to an individual until the individual has provided the requested information).

VIII. QUALIFYING SERVICES:

- A. NMHC Hospital Affiliates shall provide Financial Assistance only for Medically Necessary services for which the Applicant meets clinical program criteria and is otherwise financially responsible.
- B. Financial Assistance for transplants and transplant-related services are determined pursuant to a separate process and may be included as an appendix to this policy.
- C. Nothing in this policy requires NMHC to provide services not routinely provided to Patients.

IX. ADDITIONAL PROGRAM REQUIREMENTS AND SCREENING PROCEDURES:

Financial Assistance for certain procedures may be subject to additional program requirements and/or screening procedures. Additional screening requirements shall be communicated to Patients and physicians. By way of example and without limitation, such requirements and screening procedures may include the following:

- A. Reexamining a Patient's current financial situation to ensure continued eligibility for Financial Assistance, including availability of insurance coverage;
- B. Securing payment arrangements with respect to outstanding amounts owed by the Patient or otherwise establishing a payment plan; or
- C. Evaluating selected procedures to ensure that other treatment methods have been exhausted or, if previously tried, the likelihood of success, and/or that after-care resources are put in place; or
- D. Securing services from an appropriate level or type of provider.

X. EXHAUSTION OF THIRD PARTY SOURCES:

- A. Financial Assistance will only be applied to self-pay balances, after all third-party benefits/resources are reasonably exhausted, including, but not limited to, benefits from insurance carriers (e.g., health, home, auto liability, worker's compensation, or employer funded health reimbursement accounts), government programs (e.g., Medicare, Medicaid or other federal, state, or local programs), or proceeds from litigation, settlements, and/or private fundraising efforts (collectively, "Third-Party Funding Sources"). Patients receiving Financial Assistance and who require Medically Necessary care (other than Emergency Services) must, whenever possible, be screened for eligibility for Medicaid, Health Insurance Exchange, or other available payment programs and, if found eligible, the Patient must fully cooperate with enrollment requirements prior to the procedure being scheduled and/or services being rendered. Eligible Patients who fail or refuse to enroll in available Medicaid, Health Insurance Exchange, or other available payment programs may be ineligible for Financial Assistance. Patients should be given at least one (1) written notice of the necessity of filing for Medicaid, Health Insurance Exchange, or other available payment programs and that failure to do so may jeopardize eligibility for Financial Assistance. Efforts, if any, to assist the Applicant to enroll in Medicaid, Health Insurance Exchange, or other available payment programs shall be documented.
- B. If a Patient seeking care other than Emergency Services is covered by an HMO or PPO and NMHC is not an in-network provider, then the Patient should be directed to seek care from his participating providers and shall not be eligible for Financial Assistance. Financial Assistance is not available for out-of-network costs.

XI. LIMITATION ON CHARGES:

Discounts may vary between Financial Assistance Programs. Calculation of discounts shall be set forth in the various appendices to this policy. However, in all Financial Assistance Programs, amounts charged by NMHC Hospital Affiliates for care for Emergency Medical Conditions or other Medically Necessary care provided to individuals eligible for the Financial Assistance Program with annual household income less than or equal to 600% of the applicable Federal Poverty Level shall not be more than the amounts generally billed to individuals who have insurance covering such care (“Amounts Generally Billed Discount”).

XII. EMERGENCY MEDICAL CARE:

- A. Consistent with the NMHC policy addressing compliance with the Emergency Medical Treatment and Labor Act, NMHC Hospital Affiliates shall provide, without discrimination, care for Emergency Medical Conditions to individuals regardless of whether they can pay for the care or are eligible for Financial Assistance.
- B. NMHC Hospital Affiliates shall not engage in actions that discourage individuals from seeking care for Emergency Medical Conditions, including but not limited to the following:
 - 1. Requiring payment from that Emergency Department Patients before receiving a medical screening or treatment for Emergency Medical Conditions; or
 - 2. Permitting debt collection activities in the Emergency Department or in other areas of an NMHC Hospital Affiliate where such activities could interfere with the provision, without discrimination, of care for Emergency Medical Conditions.

XIII. REFUNDS:

Application of Financial Assistance shall be applied to all open balances. Refunds shall reviewed by NMHC’s Free Care Committee and provided as required by law.

XIV. COORDINATION OF AFFILIATE DETERMINATIONS:

NMHC Affiliates shall coordinate their efforts in the mutual determination of eligibility.

XV. EXCEPTIONS AND APPEALS:

NMHC physicians and/or clinicians may request Financial Assistance on behalf of a Patient; however, the Patient must provide the necessary information and documentation to support the request. If the physician or Patient does not agree with the eligibility or program determination or if the physician or Patient is requesting an exception to this policy, an appeal or request for exception should be made to the Free Care Committee for evaluation, subject to approval by the Vice President, Revenue Cycle. This determination shall be final and binding until such time that the Patient or physician provides significant new or additional information demonstrating qualification for assistance (e.g., change in income, loss of employment, and other circumstances that substantially change the prior review).

XVI. ACTIONS FOR NON-PAYMENT:

The NMHC Credit and Collection Policy, describes the actions that may be taken for non-payment of amounts due. Members of the general public may obtain a free copy of the NMHC Credit and Collection Policy by contacting the Financial Counseling Department.

XVII. APPLICABILITY TO EXISTING PROGRAMS:

Financial Assistance awarded to patients prior to the effective date of this policy shall not be reduced but only through such time period indicated in the award. Upon expiration of such Financial Assistance, this policy shall apply.

XVIII. POLICY UPDATE SCHEDULE:

This policy will be reviewed and updated at a minimum of every five years or on an as needed basis.

XIX. REPORTING:

NMHC shall report all required information regarding the Financial Assistance Program to the appropriate governmental agencies.

XX. MONITORING AND NON-SUBSTANTIVE UPDATES:

- A. The Financial Assistance Policy Committee shall be responsible for the on-going monitoring of this policy. It shall review practices hereunder including whether:
 - 1. controls are in place to assess Patient eligibility;
 - 2. information on Patients eligible for and/or receiving Financial Assistance status is tracked and maintained;
 - 3. the existence of Financial Assistance is communicated to the community and its Patients;
 - 4. provisions are in place so as not to discourage community members from seeking care for Emergency Medical Conditions; and
 - 5. collection actions are appropriately taken against Patients receiving Financial Assistance.
- B. The Vice President, Revenue Cycle may make non-substantive updates to this policy (e.g., to reflect current Federal Poverty Guidelines, changes in addresses, etc.).

XXI. REFERENCES:

- A. Illinois Hospital Uninsured Patient Discount Act [210 ILCS 89/]
- B. Illinois Fair Patient Billing Act [210 ILCS 88/]
- C. Internal Revenue Code Section 501(r)
- D. Social Security Act [42 U.S.C. 1395dd]

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XXIII. APPROVAL:

Responsible Party: Andrew Scianimanico
Vice President, Revenue Cycle

Reviewers: Finance Committee members
Tax & Regulatory Review Committee members
Financial Assistance Policy Committee members
Vice President, Finance
Senior Vice President, Administration
Office of General Counsel
Corporate Compliance & Integrity

Approval Parties: Dean M. Harrison
President and CEO
Northwestern Memorial HealthCare
Electronic Approval: 02/11/2016

John Orsini
Senior Vice President and CFO
Northwestern Memorial HealthCare
Electronic Approval: 01/29/2016

XXIV. REVIEW HISTORY:

Written: 05/01/2011 – local NMH policy retired

Revised 12/29/2014 – For policy effective 2/1/2016 - Supersedes NMHC 03.0012 v1.0 – 6/1/2011 – Free and Discounted Care

Revised: 08/17/2016 – For policy effective 9/1/2016 - Scope updated to include NM-CDH, NM-Delnor and NM-RMG
otherwise no other content updates

09/01/2018: Updated Scope Matrix – applies to Marianjoy Rehabilitation and Marianjoy Medical Group as of 9/1/2018.

08/11/2020: NMHC Tax and Regulatory Review Committee approved moving the NW Region hospitals (Huntley, McHenry and Woodstock) to the NMHC Financial Assistance policy to be effective September 1, 2020

APPENDIX A: DEFINITIONS

Affiliates: Those entities controlled by, controlling, or under common control with NMHC. NMHC Affiliates to which this policy applies are listed on [Appendix A-2](#). For purposes of this policy, the term “Affiliates” does not include NMHC affiliates that are legally or otherwise restricted from adopting this policy.

Amounts Generally Billed/Amounts Generally Billed Discount: The discount required to ensure that charges for care for Emergency Medical Conditions or other Medically Necessary care provided by an NMHC Hospital Affiliate during an outpatient visit or inpatient stay to individuals eligible for assistance under this policy are not more than amounts generally billed to individuals who have Medicare or commercial insurance covering such care (“Amounts Generally Billed”). Calculation of the Amount Generally Billed Discount shall be in accordance with law based on the look-back method. Each NMHC Hospital Affiliate shall calculate its own Amounts Generally Billed Discount. A written explanation of the method used at each NMHC Hospital Affiliate can be obtained by contacting the NMHC Financial Counseling Department. Physician Affiliates shall apply the Amounts Generally Billed Discount applicable to NMH.

Applicant: An Applicant is the person submitting an Application for Financial Assistance, including the Patient and/or the Patient’s Guarantor.

Application: A Financial Assistance Application.

Application Period: The period during which an NMHC Hospital Affiliate must accept and process an Application submitted by an individual in order to have made reasonable efforts to determine whether the individual is eligible for Financial Assistance. With respect to any care provided by an NMHC Hospital Affiliate to an individual, the Application Period begins on the date the care is provided to the individual and ends on the 240th day after the date the NMHC Hospital Affiliate provides (i.e. mails, sends electronically, or delivers by hand) the individual with the first post-discharge billing statement for the care.

Billed Charge(s): The fee for a service that is based on the NMHC Affiliate’s master charge schedule in effect at the time of the service and that the Affiliate consistently and uniformly charges patients before applying any contractual allowances, discounts, or deductions.

Cost-of-Care Discount: The discount equal to that amount calculated by multiplying the total cost-to-charge ratio from each NMHC Affiliate Hospital’s Medicare cost report to the charges on accounts identified as qualifying for Financial Assistance. Notwithstanding the foregoing, NMHC may, for administrative ease, establish a single Cost-of-Care Discount that is most advantageous to the Patient. The Cost-of-Care Discount shall be equal to or greater than the Amount Generally Billed Discount.

Discounted Care: Care provided at less than Billed Charges other than Free Care. Discounts include the Cost-of-Care Discount and the Amount Generally Billed Discount.

Emergency Medical Condition: Emergency Medical Condition shall be as defined in section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Emergency Services: Emergency Services include services received through the Emergency Department for Emergency Medical Conditions, services that are Never-Say-No services, or other services identified by the Vice President, Revenue Cycle and set forth in an appendix to this policy from time to time.

Extraordinary Collection Action(s) ECA(s): Those actions that an NMHC Hospital Affiliate may take against an individual related to obtaining payment of a bill for care covered under the Financial Assistance Program. Such ECAs are further defined in the NMHC Financial Policy: Credit and Collection and may

include, by way of example, requiring payment for previously-rendered care and/or placing a lien on one's property.

Family Size: The number of individuals listed under "Filing Status" on the Applicant's most recent tax return. If no tax return is available, Family Size shall be the number of individuals residing in the Applicant's household. If another individual claims the Applicant as a dependent on the individual's tax return, then the Family Size may include household members of the individual claiming dependency.

Federal Poverty Guideline(s): The Federal Poverty Guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of 42 USC 9902(2). The Guidelines, attached as *Appendix A-I*, shall be adjusted annually within thirty (30) days following the issuance of new Federal Poverty Guidelines in the Federal Register and on the U.S. Department of Health and Human Services website.

Financial Assistance: Amounts attributable to Free Care or Discounted Care provided to Patients who meet NMHC's criteria for Financial Assistance under various programs (collectively, "Financial Assistance Program" or "Program") and are unable to pay for all or a portion of their health care services. Financial Assistance does not include bad debt or uncollectible charges that have been recorded as revenue but written off due to a Patient's failure to pay; the difference between the cost of care provided under Medicaid or other means-tested government programs or under Medicare and the revenue derived from those programs; or contractual adjustments with any third-party payors.

Free Care Committee: That Committee charged with addressing questions regarding application of this policy to specific Patient issues. The Free Care Committee shall review appeals and exceptions made to the policy.

Free Care: A discount from Billed Charges equal to one hundred percent (100%).

Financial Assistance Policy Committee: That committee comprised of representatives from NMHC Affiliates and NMHC, which makes recommendations with respect to this policy and ensures operational alignment between Affiliates in implementing this policy. The Financial Assistance Committee shall include representatives from operations, the Office of General Counsel, the Internal Audit Department, the Office of Corporate Compliance and Integrity, and External Affairs. The Financial Assistance Committee shall report its activities to the Tax and Regulatory Committee.

Guarantor: The individual who is financially responsible for services rendered to the Patient.

Household Income: Income attributable to the Applicant's household based on definitions used by the U.S. Bureau of the Census. Household Income includes all pre-tax earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance payments, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, assistance from outside the household, and other miscellaneous sources. Non-cash benefits (such as SNAP and housing subsidies) are not considered Household Income. More specifically, Household Income is equal to the adjusted gross income listed on the Applicant's most recent tax return, adjusted to subtract child support payments and to add amounts of tax-exempt interest; non-taxable pension and annuity payments, IRA distributions, and Social Security; and other income not included in adjusted gross income but available to Applicant. However, if the Applicant indicates that the adjusted gross income listed on the Applicant's most recent tax return is not accurate (e.g., the Applicant is no longer employed or is being paid a different amount), the Household Income shall be calculated on the basis of other available documentation (e.g., pay stubs, unemployment statements, etc.), once again adjusted to remove child support payments and to include tax-exempt interest; non-taxable pension and annuity payments, IRA distributions, and Social Security; and other income available to Applicant. Household Income includes the income of all members of the household.

Illinois Resident: An Illinois Resident is a Patient who lives in Illinois and who intends to remain living in Illinois indefinitely. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under the Illinois Hospital Uninsured Patient Discount Act (“HUPDA”). HUPDA requires that the Uninsured Patient be a resident of Illinois, but does *not* require that the Patient be legally residing in the United States. Patients may be required to provide evidence of Illinois residency as provided for under HUPDA. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement under this definition.

Insured Patient: A Patient covered under a policy of health insurance or a beneficiary under public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, worker’s compensation, accident liability insurance, or other third-party liability.

Medically Necessary: Any inpatient or outpatient health care service, including pharmaceuticals or supplies, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the Patient. A “Medically Necessary” service does not include any of the following: (1) non-medical services such as social and vocational services; or (2) elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness or congenital defect or deformity.

Never-Say-No: Services meeting NMHC’s Never-Say-No criteria as may be amended from time-to-time.

NMHC Hospital Affiliate(s): NMHC affiliates licensed as a hospital. NMHC Hospital Affiliates to which this policy applies are listed on *Appendix A-2*.

NMHC Physician Affiliate(s): NMHC affiliates providing clinical care in a physician outpatient setting. NMHC Physician Affiliates to which this policy applies are listed on *Appendix A-2*.

Non-Resident: A Non-Resident is a Patient who is not an Illinois Resident.

Patient: The individual receiving services.

Plain Language Summary: A clear, concise, and easy-to-understand written statement that notifies an individual that an NMHC Hospital Affiliate offers Financial Assistance and provides the following information: (i) brief description of the eligibility requirements and assistance offered under this policy; (ii) a brief summary of how to apply for assistance under this policy; (iii) a direct listing of a website address (or URL) and physical locations (including room numbers) where a copy of this policy and Financial Assistance Applications may be obtained; (iv) instructions on how to obtain a free copy of the Financial Assistance Policy and Application by mail; (v) contact information (including telephone numbers and physical location, if applicable) of offices or departments who can provide an individual with assistance with the Application process; (vi) availability of translations; and (vii) a statement that no Financial Assistance-eligible Patient will be charged more than the Amounts Generally Billed.

Self-Pay Package-Priced Services: Multiple services offered together for a single price which is discounted such that the single price is less than the sum of the prices for all the individual services comprising the package of services.

Uninsured Patient: A Patient not covered under a policy of health insurance or who is not a beneficiary under public or private health insurance, health benefit, or other health coverage program, including high-deductible health insurance plans, worker’s compensation, accident liability insurance, or other third-party liability.

APPENDIX A:
Definitions

Owner: Andrew Scianimanco
Title: Vice President, Revenue Cycle

Effective Date: 01/01/2018

APPROVAL:

Andrew Scianimanco
Vice President, Revenue Cycle
Approval: 01/01/2018

REVIEW HISTORY:

Written: 03/03/2015
Revised: 12/29/2017

APPENDIX A-1: FEDERAL POVERTY GUIDELINES

2022 Federal Poverty Guidelines

Family Size	Federal Poverty Level	Up to 138% FPL	Up to 250% FPL	Up to 400% FPL	Up to 600% FPL
1	\$13,590	\$18,754	\$33,975	\$54,360	\$81,540
2	\$18,310	\$25,268	\$45,775	\$73,240	\$109,860
3	\$23,030	\$31,781	\$57,575	\$92,120	\$138,180
4	\$27,750	\$38,295	\$69,375	\$111,000	\$166,500
5	\$32,470	\$44,809	\$81,175	\$129,880	\$194,820
6	\$37,190	\$51,322	\$92,975	\$148,760	\$223,140
7	\$41,910	\$57,836	\$104,775	\$167,640	\$251,460
8	\$46,630	\$64,349	\$116,575	\$186,520	\$279,780
+1	\$4,720	\$6,514	\$11,800	\$18,880	\$28,320

REFERENCES:

42 USC 9902(2)

APPENDIX A-1:
Federal Poverty Guidelines

Owner: Andrew Scianimanico
Title: Vice President, Revenue Cycle

Effective Date: 02/18/2021

APPROVAL:

Andrew Scianimanico
Vice President, Revenue Cycle
Electronic Approval: 03/15/2022

REVIEW HISTORY:

Written: 03/03/2015
Revised: 04/24/2017
Revised: 02/2018, 01/23/2019, 01/28/2020,
02/09/2021,03/14/2022

APPENDIX A-2: NMHC AFFILIATES

A. Hospital Affiliates

1. Northwestern Memorial Hospital
2. Northwestern Medicine Lake Forest Hospital
3. Northwestern Medicine Central DuPage Hospital
4. Northwestern Medicine Delnor Hospital
5. Kishwaukee Hospital
6. Valley West Hospital
7. Northwestern Medicine - Ben Gordon Center
8. Marianjoy Rehabilitation
9. NM Huntley, NM McHenry and NM Woodstock Hospitals

B. Physician Affiliates

1. Northwestern Medical Group
2. Northwestern Medicine Regional Medical Group
3. Kishwaukee Physician Group
4. Marianjoy Medical Group

APPENDIX A-2:
NMHC Affiliates

Owner: Andrew Scianimanico
Title: Vice President, Revenue Cycle

Effective Date: 09/01/2018

APPROVAL:

Andrew Scianimanico
Vice President, Revenue Cycle
Approval Date: 09/25/2020

REVIEW HISTORY:

Written: 03/03/2015
Revised: 07/12/2016
Revised: 12/29/2017
Revised: 09/01/2018,
Reviewed: 01/29/2019, 09/25/2020

APPENDIX B: INSURED PATIENT FREE AND DISCOUNTED CARE

I. FREE AND DISCOUNTED CARE

NMHC provides Free Care as well as Discounted Care to Insured Patients as provided in this *Appendix B*.

II. SERVICES

- A. Except as provided in this Appendix's Section II.B below, Free Care and Discounted Care for Insured Patients shall be available for all Medically Necessary services.
- B. Free Care and Discounted Care for Insured Patients shall not be available for the following services:
 - 1. Non-Medically Necessary services;
 - 2. Out-of-network services;
 - 3. Specialty Pharmacy Services; except that hepatitis-C antiviral medications administered to hepatitis-C negative transplant recipients who receive a hepatitis-C positive donor organ at NMH may be considered under this Policy, after all reasonable efforts to secure insurance or other reimbursement for such medications have been exhausted in a timely manner. Provision of such medications must be coordinated through Northwestern Specialty Pharmacy.
 - 4. With respect to NMHC Physician Affiliates, fertility treatment (excluding certain fertility preservation expenses); corrective vision procedures, including but not limited to, LASIK; and lab services obtained from a non-NMHC-affiliated laboratory, durable medical equipment, eye glasses, contacts, and hearing aids;
 - 5. Patient co-insurance or deductibles unless the Applicant otherwise qualifies for Free Care;
 - 6. Co-payments;
 - 7. Self-Pay Package-Priced Services; and
- C. Non-formulary pharmaceuticals provided upon discharge for transitional purposes shall be subject to the Cost-of-Care Discount.

III. RESIDENCY REQUIREMENTS

- A. Insured Patients who are Illinois Residents and who receive Medically Necessary services are eligible for Free Care and Discounted Care. Notwithstanding the foregoing, there shall be no residency requirement for Insured Applicants receiving Emergency Services.
- B. Except for Insured Patients receiving Emergency Services, Insured Patients who are Non Residents (including but not limited to out-of-state external transfers) and who receive Medically Necessary services are not eligible for Free Care.

IV. CALCULATION OF FREE AND DISCOUNTED CARE

NMHC provides Free Care and Discounted Care to eligible Insured Patients through two methods: "insured sliding fee scale assistance" and "insured catastrophic assistance." If the Applicant qualifies under both methods, NMHC will apply the method that is most beneficial to the Applicant. Despite qualification under either method, if there is reason to believe that an Applicant may have assets in amounts in excess of 600% of the then current Federal Poverty Guideline applicable to the

Applicant's Family Size and that are available to pay for medical services, NMHC may require the Applicant to provide information about such assets, and the Free Care Committee may consider those assets in deciding whether, and to what extent, to extend Free Care or Discounted Care.

A. INSURED SLIDING FEE SCALE ASSISTANCE

Assistance under the insured sliding fee scale application is calculated as follows:

1. Free Care: Insured Illinois Residents with Household Income of 250% or less of the then current Federal Poverty Guideline applicable to the Applicant's Family Size, shall be eligible for a 100% discount. The discount shall be applied to co-insurance and deductibles, as well as Medically Necessary services not covered by insurance.
2. Discounted Care: For Medically Necessary Services that are not covered by insurance, Insured Illinois Residents with Household Income of more than 250% and less than or equal to 600% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size shall be eligible for a discount equal or greater than the Amount Generally Billed Discount.

B. INSURED CATASTROPHIC ASSISTANCE

1. For an Insured Patient qualifying for Free Care or Discounted Care with Household Income more than 250% and up to and including 600% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size, total payment shall not exceed, during any twelve month period, 25% of the Applicant's Household Income.
2. NMHC shall include in the catastrophic calculation total payment owed by the Applicant to NMHC Hospital Affiliates and NMHC Physician Affiliates. If included, the adjusted total payment shall be allocated proportionately based upon outstanding amounts owed among NMHC Hospital Affiliates and NMHC Physician Affiliates, respectively.

APPENDIX B:
Free and Discounted Care

Owner: Andrew Scianimanico
Title: Vice President, Revenue Cycle

Effective Date: 08/01/2019

APPROVAL:

Andrew Scianimanico
Vice President, Revenue Cycle
Approval Date: 07/18/2019

REVIEW HISTORY:

Written: 03/03/2015
Revised: 8/17/2016
Revised: 12/29/2017, 07/18/2019

APPENDIX C: UNINSURED PATIENT FREE AND DISCOUNTED CARE

I. UNINSURED FREE AND DISCOUNTED CARE

NMHC provides Free Care as well as Discounted Care to Uninsured Patients as provided in this *Appendix C*.

II. SERVICES

- A. Except as provided in this Appendix's Section II.B. below, Free Care and Discounted Care for Uninsured Patients shall be available for all Medically Necessary services.
- B. Free Care and Discounted Care for Uninsured Patients shall not be available for the following services:
 1. NMH Specialty Pharmacy Services;
 2. With respect to NMHC Physician Affiliates, fertility treatment (excluding certain fertility preservation expenses); corrective vision procedures, including but not limited to, LASIK; and lab services obtained from a non-NMHC-affiliated laboratory, durable medical equipment and supplies, eye glasses, contacts, and hearing aids;

III. RESIDENCY REQUIREMENTS

Free Care and Discounted Care shall be available for those Uninsured Patients who are Illinois Residents. Non-Residents who are Uninsured Patients are not eligible for Free Care or Discounted Care. Notwithstanding the foregoing, there shall be no residency requirement for Uninsured Applicants receiving Emergency Services.

IV. CALCULATION OF FREE AND DISCOUNTED CARE

NMHC shall, in accordance with Illinois Hospital Uninsured Patient Discount Act, provide Free Care and Discounted Care to Uninsured Patients. NMHC provides Free Care and Discounted Care to eligible Applicants who are uninsured through two methods: "uninsured sliding fee scale assistance" and "uninsured catastrophic assistance." If an Applicant qualifies under both methods, NMHC will apply the method that is most beneficial to the Applicant. Despite qualification under either method, if there is reason to believe that an Applicant may have assets in excess of 600% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size and that are available to pay for medical services, NMHC may require the Applicant to provide information about such assets, and the Free Care Committee may consider those assets in deciding whether, and to what extent, to extend Free Care or Discounted Care.

A. UNINSURED SLIDING FEE SCALE

1. Free Care: An Applicant with Household Income equal to or less than 250% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size shall be eligible for Free Care.
2. Cost of Care Discount: An Applicant with Household Income more than 250% and up to and including 600% of the then current Federal Poverty Guideline applicable to the Applicant's Family Size shall be eligible for a Cost-of-Care Discount.

B. UNINSURED CATASTROPHIC ASSISTANCE

1. For Applicants qualifying for assistance pursuant to Section IV.A.2 above, total payment shall not exceed, during any twelve month period, 25% of the Patient's Household Income.

2. NMHC shall include in the catastrophic calculation total payment amounts owed by the Patient to NMHC Hospital Affiliates and NMHC Physician Affiliates. If included, the adjusted total payment shall be allocated proportionately based on outstanding amounts owed among NMHC Hospital Affiliates and NMHC Physician Affiliates, respectively.

V. REFERENCES

- A. Illinois Fair Patient Billing Act [210 ILCS 88/]
- B. Illinois Hospital Uninsured Patient Discount Act [210 ILCS 89/]

APPENDIX C:
Uninsured Patient Discount

Owner: Andrew Scianimanico
Title: Vice President, Revenue Cycle

Effective Date: 09/01/2019

APPROVAL:

Andrew Scianimanico
Vice President, Revenue Cycle
Approval Date: 01/01/2018

REVIEW HISTORY:

Written: 03/03/2015

Revised: 08/17/2016

Revised: 12/29/2017, 08/01/2019

APPENDIX D: PRESUMPTIVE ELIGIBILITY

I. PRESUMPTIVE ELIGIBILITY

An Uninsured Patient meeting the requirements and criteria of Sections III and IV, below, is presumed to be eligible for Free Care in accordance with this *Appendix D*. Patients presumed to be eligible do not need to complete a Financial Assistance Application; provided, however, that Patients must demonstrate that they meet the requirements and criteria of Sections III and IV, below.

II. DEFINITIONS

The following definitions, as defined by the Illinois Fair Patient Billing Act, apply to this *Appendix D*:

- A. "Patient" means the individual receiving services from NMHC or any individual who is the guarantor of the payment for services received from NMHC.
- B. "Presumptive Eligibility" means eligibility for Financial Assistance determined by reference to Presumptive Eligibility Criteria demonstrating financial need on the part of a Patient.
- C. "Presumptive Eligibility Criteria" means the categories identified as demonstrating financial need.
- D. "Presumptive Eligibility Policy" means a written document that sets forth the Presumptive Eligibility criteria by which a Patient's financial need is determined and used by NMHC to deem a Patient eligible for Financial Assistance without further scrutiny by NMHC. This *Appendix D* constitutes the NMHC Presumptive Eligibility Policy.

III. RESIDENCY REQUIREMENTS

Presumptive Eligibility shall apply to all Illinois Residents. Presumptive Eligibility shall not be available for or apply to Non-Residents.

IV. CRITERIA

The following Presumptive Eligibility Criteria establish the guidelines for NMHC's Presumptive Eligibility Policy in accordance with NMHC's Financial Assistance Program. An Uninsured Patient demonstrating eligibility under one or more of the following programs shall be deemed eligible for Free Care, and will not be required to provide additional supporting documentation for such Financial Assistance:

- A. Homelessness
- B. Deceased with no estate
- C. Mental incapacitation with no one to act on Patient's behalf
- D. Medicaid eligibility, but not on date of service or for non-covered service
- E. Enrollment in the following assistance programs for low-income individuals having eligibility criteria at or below 250% of the then current Federal Poverty Income guidelines:
 - 1. Women, Infants and Children Nutrition Program (WIC)
 - 2. Supplemental Nutrition Assistance Program (SNAP)
 - 3. Illinois Free Lunch and Breakfast Program
 - 4. Low Income Home Energy Assistance Program (LIHEAP)

5. Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low income financial status as a criterion for membership
 6. Receipt of grant assistance for medical services
- F. To assure NMHC's ability to apply Financial Assistance to a Patient's bill as soon as possible after services have been received by the Patient and before the issuance of such bill, the Patient must provide notice to NMHC of Presumptive Eligibility and supporting documentation as soon as practical, preferably during the Financial Assistance Application process. To the extent such eligibility information is available without Patient notice, NMHC shall use such information to apply Presumptive Eligibility. NMHC will also apply Presumptive Eligibility for NMHC services in situations where the Patient provides notice and supporting documentation after billing has commenced.

V. REFERENCES

Fair Patient Billing Act [210 ILCS 88/27]

APPENDIX D:
Presumptive Eligibility

Owner: Andrew Scianimanco
Title: Vice President, Revenue Cycle

Effective Date: 01/01/2018

APPROVAL:

Andrew Scianimanco
Vice President, Revenue Cycle
Approval Date: 01/01/2018

REVIEW HISTORY:

Written: 12/2013

Revised: 12/2014 – previous version Appendix A to NMHC 03.0012 v 1.0 – 6/1/2011

Reviewed: 08/2016

Revised: 12/29/2017

APPENDIX E: GENERAL NOTIFICATION—NMHC HOSPITAL AFFILIATES

I. SPECIFIC NOTIFICATION MEASURES FOR NMHC HOSPITAL AFFILIATES

To make Patients and Guarantors and their families and the broader community aware of NMHC's Financial Assistance Program, NMHC Hospital Affiliates shall take steps to widely publicize this Financial Assistance Policy, the Financial Assistance Application, a description of the Financial Assistance Application process, and a "Plain Language Summary" of this Financial Assistance Policy (collectively for purposes of this *Appendix E*, "Materials") within the community to be served by NMHC. Specific notification measures shall include the following:

- A. Make Materials widely available on NMHC Hospital Affiliate web sites and on NMHC web sites as follows:
 1. Complete and current versions of Materials shall be placed conspicuously on web sites.
 2. Any individual with access to the Internet can access, download, view and print a hard copy of the Material without requiring special computer hardware or software (other than software that is readily available to members of the public without payment of any fee) and without payment of a fee to NMHC or any NMHC Hospital Affiliate and without creating an account or being otherwise required to provide personally identifiable information.
 3. NMHC and NMHC Hospital Affiliates shall provide any individual who asks how to access the Materials online with the direct Web site address, or URL, of the web page on which the Materials are posted.
- B. Make paper copies of the Materials available upon request and without charge both by mail and in public locations, including admission or registration areas and in the Emergency Department of the NMHC Hospital Affiliate.
- C. Post conspicuously in the admission and registration areas and Emergency Departments of each NMHC Hospital Affiliate signage stating, "You may be eligible for financial assistance under the terms and conditions the hospital offers to qualified patients. For more information contact [insert hospital financial assistance representative contact information.]" The sign shall be in English, and in any other language that is the primary language of the lesser of 1000 individuals or 5 percent of the community served by the NMHC Hospital Facility or the populations likely to be affected or encountered by the NMHC Hospital Affiliate.
- D. Notify and inform members of the community served by each NMHC Hospital Affiliate about this policy and how or where to obtain more information about the policy and application process as well as copies of Materials. The notification shall be in a manner reasonably calculated to reach those members of the community who are most likely to require Financial Assistance. "Reasonably calculated" shall take into consideration the primary language(s) spoken by the residents of the community served by the NMHC Hospital Affiliate, as well as other attributes of the community and the NMHC Hospital Affiliate.
- E. Notify and inform patients who receive care from an NMHC Hospital Affiliate about this policy and how or where to obtain more information about the policy and application process as well as copies of Materials. Specifically, each NMHC Hospital Affiliate shall:
 1. Offer a paper copy of the Plain Language Summary of this policy as part of the intake or discharge process;
 2. Include a conspicuous written notice on billing statements that notifies and informs recipients about the availability of financial assistance under this policy and includes the telephone number of the NMHC Hospital Affiliate office or department that can provide information about this policy and application process and the direct Web site address (or

URL) where copies of this policy the Application, and Plain Language Summary of this policy may be obtained; and

3. Set up conspicuous public displays (or other measures reasonably calculated to attract patients' attention) that notify and inform patients about this policy in public locations in the NMHC Hospital Affiliate, including, at a minimum, the Emergency Department and admissions areas.
- F. Materials shall be in English and translated in any other language that is the primary language of the lesser of 1000 individuals or 5 percent of the community served by the NMHC Hospital Facility or the populations likely to be affected or encountered by the NMHC Hospital Affiliate.
- G. A list of health care providers, other than each Affiliate itself, delivering Emergency or other Medically Necessary Care at each Affiliate and whether or not such health care providers are covered by this policy shall be maintained by the Financial Counseling Department and shall be incorporated by reference herein.

II. REFERENCES

- A. Internal Revenue Code Section 501(r)
- B. Fair Patient Billing Act [210 ILCS 88/27]

APPENDIX E:
Notification

Owner: Andrew Scianimanico
Title: Vice President, Revenue Cycle

Effective Date: 02/01/2016

APPROVAL:

Andrew Scianimanico
Vice President, Revenue Cycle
Approval Date: 02/01/2016

REVIEW HISTORY:

Written: 03/03/2015

APPENDIX F: APPLICABLE TIME FRAMES AND INDIVIDUAL PATIENT NOTIFICATION REQUIREMENTS—NMHC HOSPITAL AFFILIATES

I. BILLING TIME PERIOD

Pursuant to the Illinois Fair Patient Billing Act, Patients shall be instructed to apply for Financial Assistance within sixty (60) days after discharge or the receipt of outpatient care, whichever is longer, and NMHC shall not send bills to Uninsured Patients until such sixty (60) day period has passed. While NMHC may bill Patients after the sixty (60) day period, it shall, nevertheless, process Applications received at any time during the Application Period.

II. EFFORTS REQUIRED TO DETERMINE ELIGIBILITY PRIOR TO TAKING EXTRAORDINARY COLLECTION ACTIONS

A. Need to Notify

Prior to taking any Extraordinary Collection Action (ECA), NMHC Hospital Affiliates shall make reasonable efforts to determine whether the individual is eligible for Financial Assistance by taking steps as set forth in this *Appendix F*. Specifically, with respect to any care provided by an NMHC Hospital Affiliate to an individual, the NMHC Hospital Affiliate shall take the following steps:

1. Notify the individual about the Financial Assistance Program as described in this *Appendix F* before initiating any ECAs to obtain payment for the care and refrain from initiating such ECAs (with the exception of an ECA described in paragraph Section II.C of this *Appendix F*) for at least 120 days from the date the NMHC Hospital Affiliate provides the first post-discharge billing statement for the care. NOTE: If multiple episodes of care are aggregated, the 120-day period starts from the first post-discharge billing statement for the most recent episode of care included in the aggregation;
2. In the case of an individual who submits an incomplete Application during the Application Period, notify the individual about how to complete the Application and give the individual a reasonable opportunity to do so as described in Section II.D of this *Appendix F*; and
3. In the case of an individual who submits a complete Application during the Application Period, determine whether the individual is eligible for Financial Assistance for the care as described in Section II.E of this *Appendix F*.

B. Notification in General

NMHC Hospital Affiliates shall notify Patients and/or Guarantors about the Financial Assistance Program generally by taking in the following steps at least 30 days before first initiating one or more ECA(s) to obtain payment for the care:

1. Provide the individual with a written notice that indicates that Financial Assistance is available for eligible individuals, identifies the ECA(s) that the NMHC Hospital Affiliate (or other authorized party) intends to initiate to obtain payment for the care, and states a deadline after which such ECA(s) may be initiated that is no earlier than 30 days after the date that the written notice is provided;

2. Provide the individual with a Plain Language Summary of the Financial Assistance Program with the written notice described above;
3. Make a reasonable effort to orally notify the individual about the Financial Assistance Program and about how the individual may obtain assistance with the Application process.

C. Deferral or Denial of Care Due to Nonpayment for Prior Care

In the case of an ECA involves deferring or denying care due to nonpayment for prior care, an NMHC Hospital Affiliate may notify the individual about the Financial Assistance Program less than 30 days before initiating the ECA, provided that the NMHC Hospital Affiliate does the following:

1. Otherwise meets the requirements of Section II.B of this *Appendix F* but, instead of the notice described in Section II.B, provides the individual with a an Application and a written notice indicating that Financial Assistance is available for eligible individuals and stating the deadline, if any, after which the NMHC Hospital Affiliate will no longer accept and process an Application submitted (or, if applicable, completed) by the individual for the previously provided care at issue. This deadline must be no earlier than the later of 30 days after the date that the written notice is provided or 240 days after the date that the first post-discharge billing statement for the previously provided care was provided.
2. If the individual submits an Application for the previously provided care on or before the deadline described above (or at any time if the NMHC Hospital Affiliate did not provide any such deadline to the individual), processes the Application on an expedited basis.

D. Incomplete Application

If an individual submits an incomplete Application during the Application Period, NMHC Hospital Affiliates shall:

1. Suspend any ECAs;
2. Provide the individual with written notice of what additional materials are needed to complete his or her Application. This written notice shall include a Plain Language Summary of the Financial Assistance Program and the telephone number and physical location of the NMHC Hospital Affiliate office or department that can provide information about the Financial Assistance Program and the office or department that can provide assistance with the Application process. The individual shall provide additional materials by the later of the end of the Application Period or within thirty (30) days of receipt of the notice, with exception being made for extraordinary circumstances.

E. Complete Application

If an individual submits a complete Application during the Application Period, NMHC Hospital Affiliates shall:

1. Suspend any ECAs against the individual;

2. Make and document a determination as to whether the individual is eligible for Financial Assistance;
3. Notify the individual in writing of the eligibility determination, including, if applicable, the Financial Assistance for which the individual is eligible and the basis for the determination; and
4. If the individual is eligible for Financial Assistance, NMHC Hospital Affiliates shall:
 - a. provide the individual (who is determined to be eligible for Financial Assistance other than Free Care) with a billing statement that indicates the amount the individual owes as an individual eligible for Financial Assistance, how that amount was determined and states, or describes how the individual can get, information regarding the Amounts Generally Billed for the care;
 - b. refund any amounts (unless under either \$5.00 or such other amount that is set by notice or other guidance published in the Internal Revenue Bulletin) that the individual previously paid for the care included in the Application and in excess of the amount he or she is determined to owe as an individual eligible for Financial Assistance; and
 - c. reverse any ECAs (with the exception of a sale of debt).

- F. NMHC Hospital Affiliates shall document all notification requirements set forth in this *Appendix F*.
- G. Implementation of this Appendix shall comply with 26 C.F.R. 1.501(r)-6. To the extent this *Appendix F* is inconsistent with 26 C.F.R. 1.501(r)-6 or to the extent 26 C.F.R. 1.501(r)-6 provides further detail on the implementation of this *Appendix F*, 26 C.F.R. 501(r)-6 shall govern.

III. REFERENCES

- A. Internal Revenue Code Section 501(r)
- B. Fair Patient Billing Act [210 ILCS 88/27]

APPENDIX F:
Applicable Time Frames

Owner: Andrew Scianimanico
Title: Vice President, Revenue Cycle

Effective Date: 02/01/2016

APPROVAL:

Andrew Scianimanico
Vice President, Revenue Cycle
Approval Date: 02/01/2016

REVIEW HISTORY:

Written: 03/03/2015

APPENDIX G: PROVIDER LISTS

I. LISTING OF PROVIDERS SUBJECT OR NOT SUBJECT TO THIS POLICY

- A. The Financial Counseling Department shall maintain on behalf of each NMHC Hospital Affiliate a list of any providers, other than the NMHC Hospital Affiliate, itself, who deliver Emergency or other Medically Necessary care and indicate whether they are or are not covered under this Policy.
- B. The list shall be available for request on the NMHC Hospital Affiliate website. Paper copies of the list shall also be available free of charge from the Financial Counseling Department.
- C. The list shall be updated at least quarterly.

II. REFERENCES

- A. Internal Revenue Code Section 501(r)
- B. Internal Revenue Notice 2015-46

APPENDIX G:
Provider Lists

Owner: Andrew Scianimanico
Title: Vice President, Revenue Cycle

Effective Date: 09/01/2016

APPROVAL:

Andrew Scianimanico
Vice President, Revenue Cycle
Approval Date: 08/22/2016

REVIEW HISTORY:

Written: 03/03/2015
Revised: 08/17/2016

APPENDIX H: LAB TESTING FINANCIAL ASSISTANCE**I. PATIENT LAB TESTING FINANCIAL ASSISTANCE DESCRIPTION**

- A. NMHC is committed to providing access to lab testing services through NM Lab, a department of NMH, and HealthLab, a department of Central DuPage Hospital. Lab Testing Financial Assistance is limited to patient balances resulting from NM Lab and HealthLab's testing services for specimens drawn by physician offices and sent to NM Lab and HealthLab or specimens obtained through NM Lab and HealthLab draw centers.
- B. NMHC will assess NM Lab and HealthLab patients for financial assistance on balances due by the patient.
- C. Lab Testing Financial Assistance is not available to government program beneficiaries (including Medicare Advantage and Medicaid managed care plans).
- D. The Lab Testing Financial Assistance is administered by NMHC patient accounting services through its automated patient statement process and will automatically be applied to eligible patient balances.

II. SERVICES

- A. Hospital and professional medically necessary lab testing provided through NM Lab and HealthLab.
- B. Financial assistance does not apply to Client Billed Services, whereby NM Lab or HealthLab may perform laboratory services and bill physician practices directly for those services, rather than billing insurance carriers and patients. Client Billed Service patients are billed by the client, not by NM Lab nor HealthLab.

III. RESIDENCY REQUIREMENTS

There are no residency requirements associated with Lab Testing Financial Assistance.

IV. CALCULATION LAB TESTING FINANCIAL ASSISTANCE

- A. NMHC shall apply a ninety percent (90%) discount on the remaining patient balance for payments for patients below 600% FPL.
- B. Other discounts may be applied after Lab Testing Financial Assistance.

APPENDIX H:

Lab Testing Financial Assistance

Owner:

Andrew Scianimanico

Title:

Vice President, Revenue Cycle

Effective Date: 02/26/2019

APPROVAL:

Andrew Scianimanico

Vice President, Revenue Cycle

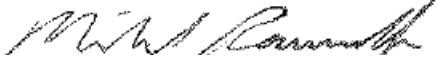
Approval Date: 02/26/2019

REVIEW HISTORY:

Written: 06/03/2017

Palos Health Palos Heights, Illinois Policies and Procedures		FINANCIAL ASSISTANCE POLICY	
		Subject	
November 15, 1991 Date Issued	01/01/2021 Date Approved		01/01/2021 Date Effective

Approvals

Mike Rauwolf	
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STATEMENT OF POLICY

General Description of Policy and Purpose - It is the policy of Palos Community Hospital ("PCM") to provide quality medical health care at Palos Community Hospital ("Hospital") and through Palos Medical Group ("PMG") to all persons regardless of race, creed, gender, national origin, handicap, age, ability to pay or other protected status. PCH recognizes that not all individuals possess the ability or means to purchase essential medical services, and further, that our mission is to serve our community with respect to providing health care services and health care education. Therefore, in keeping with PCI-I's commitment to serve all members of the community, free and/or discounted care ("Financial Assistance") will be considered where the need and/or inability to pay are identified as set forth in this Financial Assistance Policy ("Policy"). This Policy standardizes the method by which PCH will determine whether a patient ("Patient") or any Responsible Party (as hereinafter defined) qualifies for Financial Assistance.

Hospital Financial Policy - This Policy applies to all Emergency Treatment and Medically Necessary Care that Hospital provides at 12251 S. 80th Avenue, Palos Heights, IL (collectively, the "Hospital Facility") as well as the Emergency Treatment and Medically Necessary Care provided by those physicians and other providers listed in Exhibit A at the Hospital Facility. Those physicians and providers who may provide Emergency Treatment and Medically Necessary Care at the Hospital Facility but who are not covered by this Policy are listed in Exhibit B.

Palos Medical Group Policy — This Policy applies to all Medically Necessary Care that PMG employed physicians and/or PMG-employed mid-level providers (Advanced Practice Nurses, Physician Assistants, etc.) provide at PCH or PMG Offices.

DEFINITIONS

Amounts Generally Billed ("AGB") The amounts generally billed by Hospital for Emergency Treatment and Medically Necessary Care to Patients who have health insurance is referred to in this Policy as AGB. AGB is calculated using the look-back method by multiplying the Gross Charges for Emergency Treatment or Medically Necessary Care by one or more percentages.

For purposes of calculating AGB, these percentages are based on the claims allowed during a prior twelve (12)-month period by Medicare fee-for-service and all private health insurers that pay claims for such Emergency Treatment or Medically Necessary Care. Copies of the current percentages, together with an explanation of how these percentages were calculated, may be obtained for free by writing to Palos Community Hospital, 12251 South 80th Avenue, Palos Heights, Illinois, 60463, ATTN: Director, Patient Financial Services.

Application Period — The Application Period is the period during which Hospital or PMG, as the case may be, will accept and process an application for Financial Assistance under this Policy. The Application Period begins on the date that care is provided to the individual in question, and it ends on the 240th day after Hospital or PMG, as the case may be, provides the individual with the first Post-Discharge billing statement for the Emergency Treatment or Medically Necessary Care provided.

Elective Procedures — Procedures that do not qualify as Emergency Treatment or Medically Necessary Care are referred to in this Policy as Elective Procedures. Examples of Elective Procedures include, but are not limited to, services that are cosmetic or reproductive in nature. Financial Assistance is not available under this Policy for Elective Procedures.

Emergency Medical Condition — The term Emergency Medical Condition will be defined as set forth in EMTALA.

Emergency Treatment — Emergency Treatment means the care or treatment provided for an Emergency Medical Condition.

Extraordinary Collection Action — Subject to the exceptions described below, an action taken by Hospital or PMG against a Patient or any Responsible Party that involves (i) legal or judicial process; (ii) selling an individual's debt to a third party; (iii) reporting adverse information about the individual to a consumer credit agency or credit bureau; (iv) deferring or denying, or requiring a payment before providing, Medically Necessary Care because of a Patient's nonpayment of one or more bills for previously provided care under

the Policy; and (v) such other actions as defined by Internal Revenue Service with respect to Section 501 (r) of the Internal Revenue Code.

An Extraordinary Collection Action does not include (A) the sale of an individual's debt to a third party if, prior to the sale, Hospital or PMG, as the case may be, has entered into a legally binding agreement with the purchaser of the debt pursuant to which (i) the purchaser is prohibited from engaging in any Extraordinary Collection Action to obtain payment; (ii) the purchaser is prohibited from charging interest on the debt in excess of the rate allowable under Section 501 (r) of the Internal Revenue Code at the date the debt is sold; (iii) the debt is returnable to or recallable by Hospital or PMG upon a determination that the individual is eligible for Financial Assistance; and (iv) if the individual is determined to be eligible for Financial Assistance and the debt is not returned to or recalled by Hospital or PMG, the purchaser is required to adhere to procedures specified in the agreement that ensure that the individual does not pay, and has no obligation to pay, the purchaser and Hospital or PMG together more than he or she is personally responsible for paying as an individual eligible for Financial Assistance; (B) any lien that Hospital or PMG is entitled to assert under state law on the proceeds of a judgment, settlement, or compromise owed to an individual (or his or her representative) as a result of personal injuries for which care was provided; or (C) the filing of a claim in any bankruptcy proceeding.

Federal Poverty Guidelines ("FPG") — Federal Poverty Guidelines or FPG means those guidelines that the U.S. Department of Health and Human Services issues each year in the Federal Register. The effective date of the annual update to FPG for purposes of this Policy will be the first day of the month following the publication of FPG in the Federal Register.

Gross Charges — The full, established price for Emergency Treatment, Medically Necessary Care or Elective Procedures, as the case may be, that the Hospital or Palos Medical Group, as the case may be, uniformly charges all Patients before applying any contractual allowances, discounts or deductions.

Household Gross Income — All wages, salaries, compensation and other pay, including, without limitation, Social Security benefits, pension payments, unemployment compensation, workers' compensation payments, veterans benefits, rents, alimony, child support, survivors' benefits and income from estates or trusts, earned by or attributable to the members of the Immediate Family on an annual basis. Household Gross Income will be rounded to the nearest dollar when applied to the scale for determining whether an individual is an Eligible Patient.

Immediate Family — Immediate Family consists of the Patient, his or her spouse and his or her children (natural or adoptive) who are under the age of eighteen (18) and living at home or who are claimed by the Patient as a dependent for federal tax purposes. If the Patient is under the age of eighteen (18), the Immediate Family shall include the Patient, his or her natural or adoptive parents (regardless of whether they live in the home with the Patient) and the parents' children (natural or adoptive) who are under the age of eighteen (18) and living in the home with the Patient or who are claimed by the parent(s) as dependents for federal tax purposes. If a Patient is at least eighteen (18) years old but is claimed by another as a dependent for federal tax purposes, the Immediate Family shall include the individual claiming the Patient as a dependent, his or her spouse and all of his or her children (natural or adoptive) who are under the age of eighteen (18) and living at home or who are claimed by the individual as a dependent for federal tax purposes.

Medically Necessary Care — Medically Necessary Care means those health care services that satisfy the definition of "medically necessary services" for purposes of the Illinois Medicaid program.

Notification Period — The Notification Period refers to the period during which Hospital or PMG, as the case may be, will notify individuals about the availability of Financial Assistance under this Policy. The Notification Period begins on the first date care is provided and ends on the 120th day after Hospital or PMG, as the case may be, provides the individual with the first Post-Discharge billing statement for such care.

Palos Medical Group Offices — Palos Medical Group Offices refers to the offices listed on Exhibit C at which physicians employed by Palos Medical Group provide professional services.

Post-Discharge — Post-Discharge means the period of time after medical care (whether inpatient or outpatient) has been provided and the individual has left the Hospital Facility or the Physician Office, as the case may be.

Responsible Party — A Responsible Party as used in this Policy is the Patient if the Patient is at least eighteen (18) years old and is not claimed by another person as a dependent for federal tax purposes. If the Patient is under the age of eighteen (18), the Responsible Party shall be the Patient's parents (natural or adoptive) or legal guardians, unless someone else claims the Patient as a dependent for Federal tax purposes. If the Patient is claimed as a dependent by another person for Federal tax purposes, the Responsible Party shall be the person claiming the Patient as a dependent.

PURPOSE

To identify circumstances when PCI-I, PMG physicians, and PMG mid-level providers may provide care without charge or at a discount commensurate with the ability to pay, for a Patient whose financial status makes it impractical or impossible to pay for medically necessary services.

APPLICATIONS FOR FINANCIAL ASSISTANCE

1. Illinois Residency Required. Any person seeking Financial Assistance under this Policy must be an Illinois resident.

11. Presumptive Eligibility. Uninsured Patients who demonstrate one or more of the following criteria will be presumed eligible for Financial Assistance without the submission of income and expense information:
 - a. Homelessness
 - b. Deceased no estate
 - c. Mental incapacitation/no representation
 - d. Medicaid eligible but not on service date or for non-covered service
 - e. Enrollment in the following programs with criteria at or below 200% Federal Poverty Level (FPL):
 - Women, Infants, and Children Nutrition Program (WIC)
 - Supplemental Nutrition Assistance Program (SNAP)
 - Illinois Free Lunch and Breakfast Program
 - Low Income Home Energy Assistance Program (LIHEAP)
 - Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as criteria
 - Receipt of grant assistance for medical services

An uninsured Patient who satisfies the Presumptive Eligibility criteria set forth above shall receive a complete write off of any charges for Medically Necessary Care or Emergency Treatment provided by Hospital or PMG pursuant to this Policy.

111. Statement of Cooperation. Each Patient will be contingent upon approval of the appropriate Hospital representatives as indicated in this Policy and on the cooperation of the Patient during the Financial Assistance process. Hospital and PMG reserve the right to extend Financial Assistance on a case by case basis where the Patient may not be able to comply with the Financial Assistance process.

IV. Procedures for Applying for Financial Assistance (Application Process).

- a. General Application Process. An individual who believes that he or she may qualify for Financial Assistance or has requested that Financial Assistance be provided must submit an application for Financial Assistance during the Application Period. An award of Financial Assistance pursuant to this Policy shall be valid for on hundred eighty (180) days. Thereafter, individuals will be required to submit a new application for Financial Assistance. This Policy, a plain language summary of this Policy and an application may be obtained for free online at paloshealth.com, by calling 866-395-4723, in person at Palos Community Hospital 12251 South 80th Ave, Palos Heights, IL, Financial Counselor or by mail at Palos Community Hospital, 12251 South 80th Avenue, Palos Heights, Illinois, 60463, ATTN: Director Patient Financial Services.
- b. Scope of Information Requested. Neither Hospital nor PMG may deny Financial Assistance based on the failure to provide information or documentation unless that information or documentation is described in this Policy or the Financial Assistance application form.
- c. If Hospital or PMG does not receive notification of insurance from the Patient and if the Patient does not qualify for any federal or state assistance program or does not demonstrate one or more of the criteria listed in the Presumptive Eligibility section of this Policy or the Patient is underinsured, Hospital or PMG, as appropriate, will begin the process of determining financial need.
 - (1) The Registration Staff, Financial Counselor, or Collection Staff may obtain additional appropriate financial and demographic information necessary to assist in the determination of eligibility. The information will include a signed and completed Financial Assistance application form.

- (2) SCOPE OF INFORMATION: Financial/demographic information may include the following:
 - A. Household Gross Income including wages, payments from unemployment and pension plans,
 - B. Liquid assets,
 - C. Living expenses,
 - D. Family size, including all dependent children aged 18 and under residing in the home, and E. Credit report.
- (3) The following documentation may be required as proof of income:
 - A. A copy of the Patient's and, if applicable, patient's spouse's, patient's parents, two (2) recent pay check stubs,
 - B. A copy of the Patient's and, if applicable, Patient's spouse's, patient's parents most recent Federal Income Tax filing and corresponding Form W-2,
 - C. A copy of Patient's award letter from Social Security.
 - D. A copy of Patient's award letter from Unemployment Compensation.
 - E. Proof of enrollment if Patient is a full time student, and
 - F. A statement and signature of person(s) assisting Patient with living conditions.
- (4) Upon completion of the Financial Assistance application form, Hospital or PMG, as applicable, will have the Patient assessed for governmental programs, liability or worker's compensation. If it is determined that the Patient will qualify for assistance through the state, Hospital or PMG, as applicable, may utilize external resources, at its own expense, to complete the proper monetary assistance (non-grant) or MANG application.
- (5) Upon authorization by the Patient, the appropriate Financial Counselor or Collector will run a credit report on the Patient and attach it to the signed, completed financial assistance application and forward to the Collection Manager for review.

(6) If the Patient is determined to be ineligible for assistance through the state and after reimbursement of any insurance, if applicable, the Patient's Financial Assistance application form will be evaluated based on the appropriate sliding scale guidelines. These sliding scale guidelines are as follows:

- Uninsured/Services in the Hospital Facility (Exhibit D);
- Underinsured/Services in the Hospital Facility (Exhibit E);
- Uninsured/Services in Palos Medical Group Offices (Exhibit E); and
- Underinsured/Services in Palos Medical Group Offices (Exhibit O).

Copies of these guidelines are attached to this Policy and are available for review in the Business Office. Financial Assistance for Patients who are underinsured will be limited to the amount of any co-pay, deductible or coinsurance, and in some circumstances, Financial Assistance may be denied based on applicable regulatory requirements and/or the contractual arrangement with the patient's insurer. The Director of Revenue Cycle Operations will annotate the approval form with any additional pertinent data which was utilized to make final determination. The maximum amount that may be collected for Emergency Treatment or Medically Necessary Care provided in the Hospital Facility in a 12-month period from an uninsured patient with Household Gross Income of less than or equal to 600% of the Federal Poverty Guidelines for Medically Necessary Care or Emergency Treatment is 25% of that patient's Household Gross Income (any remaining balance may be collected in future years subject to the 25% cap). Notwithstanding the foregoing, no Patient who qualifies for Financial Assistance and received Emergency Treatment and/or Medically Necessary Care in the Hospital Facility shall be charged more than the Amounts Generally Billed.

(7) Actions in the Event of Nonpayment. Patients with outstanding account balances will be processed in accordance with the billing and collection policies of Hospital or PMG, as applicable. Interested

individuals may obtain a free copy of the Hospital and PMG billing and collection policy from the Patient Accounts Department at (708) 827-2200. Collection activity is conducted within the applicable federal and Illinois laws and regulations governing Patient collections. In no event shall Hospital or PMG engage in Extraordinary Collection Actions before it has used Reasonable Efforts, as defined by Hospital's Policies and Procedures Manual, to determine whether an individual is eligible for Financial Assistance under this Policy. Collection agencies are not at liberty to sue, issue a wage garnishment or body attachment against any Patient. Hospital liens are filed only in the instance of a verifiable auto insurance claim.

- (8) Once the final determination has been made, the Director of Patient Financial Services will take the following action:

If Financial Assistance is approved:

1. The Financial Assistance Approval form shall be signed and dated. In the event the account(s) total \$50,000.00 or more, the signature of the Vice President of Finance will also be required prior to final processing of the adjustment to the account.
2. The Collection Manager will apply the appropriate adjustment against the Patient account, thereby reducing the balance to the determined discounted amount.
3. The Collection Manager will produce the appropriate "Gift of Care" letter during the account adjustment process. If the patient has a balance after the financial assistance adjustment, the patient will be notified by the "Gift of Care" letter. A Financial Assistance Representative may contact the patient by phone in order to arrange a mutually agreeable payment plan for the remaining balance, when applicable.

If Financial Assistance is denied:

1. The application is annotated with the pertinent data utilized to make the final determination by Patient Financial Services.
2. The denied application is returned to the self-pay collector by the Collection Manager. The financial counselor will contact the Patient to explain the outcome of the financial assistance review and to arrange for a mutually agreeable payment plan. All payment plans are interest free.

EMTALA OBLIGATIONS

EMTALA Obligation - Hospital will provide, without exception, Emergency Treatment to all Patients seeking such care, regardless of ability to pay or to qualify for Financial Assistance and in accordance with the requirements of EMTALA. In recognition of its obligations under EMTALA, Hospital will not undertake any action that would discourage an individual from seeking Emergency Treatment, such as demanding that emergency department Patients pay before receiving Emergency Treatment or by permitting debt collection activities in the emergency department or any other area of the Hospital Facility that could interfere with the provision, without discrimination, of Emergency Treatment.

EXHIBIT A

Providers employed by Palos Medical Group

<u>NAME</u>	<u>Type</u>	<u>SPECIALTY</u>
Afana,Majed	MD	Cardiovascular Institute
Ahmed,Anam	MD	Hospitalists
Ahmad, Sameen	MD	Behavioral Health
Alhandalous, Chaher H.	MD	Hospitalists
Arif, Abdurrahman	MD	Hospitalists
Atta-Fynn, Rosemary	MD	Hospitalists
Bashir, Ahmad S.	MD	Behavioral Health
Beno-Tokarz,Melissa	LCSW	Behavioral Health
Bergmark,Kirk	APRN	Behavioral Health
Bilecki, Colleen	APRN	Cardiovascular Institute
Birks,Brian	MD	Hospitalists
Blake, Tracy	RD	Registered Dietician
Burda,Janet	APRN	OP Palliative Care & CBM
Cabrera,Randy	MD	Hospitalists Breast Surgery/Breast Surg Onc./Gen Surg.
Casini, Anthony J.	DO	Surg.
Charara, Laya	MD	Hospitalists
Cholewa,Cody	APRN	General Surgery
Cornell, David	DO	Occupational Health
Correa, Beatrice	MD	Hospitalists
Crean, Bernie	APRN	Inpatient Palliative Care
Degeys, Kristina	MD	Cardiovascular Institute
DeJong, Megan	MD	OB/Gyne
Dhruve, Utpal H.	MD	Behavioral Health
Dolitsky, Bruce	MD	Orthopaedics
Dubois, Thierry	MD	Immediate Care
Dudzinski, Cezary	MD	Behavioral Health
Earman, William	DO	Orthopaedics
Ellis, Debora	APRN	Behavioral Health
Erramili,Shruti	MD	Hospitalists
Escalona, Kathleen	APRN	Behavioral Health
Ferrel, James A.	MD	Family Medicine
Finkelshteyn, Ilya	MD	Hospitalists

Flowers,Darlene	APRN	Behavioral Health
Gallo, Martin	MD	Gynecology
Gandhi, Romal	MD	Hospitalists
Gavoni,Christina	APRN	OP Palliative Care & CBM
Gazda,Mary Kay	LCSW	OP Palliative Care & CBM
Geiger, James	DPM	Podiatry/ Wound Care
Gianfrancisco,James	MD	Colorectal Surgery
Goodale-Mikosz Desiree	LCSW	Inpatient Palliative Care
Gramza, Cristine	APRN	OP Palliative Care & CBM
Gupta,Pavan	MD	Hospitalists
Gutchewsky,Tom	APRN	Cardiovascular Institute
Hai, Afroz	MD	Cardiovascular Institute
Haider, Samran	MD	Pulmonary/Critical Care
Hajek,Kristina	PA-C	Immediate Care
Harangody, Sarah	MD	Orthopaedics
Hasanat, Khondakar	MD	Behavioral Health
Hashem, Bassam	MD	Pulmonary/Critical Care
Hasson, Anthony	APRN	OP Palliative Care & CBM
Hohner, John G.	DO	Family Medicine
Hommel, Linda	APRN	Cardiovascular Institute
Itkin,Arthur	MD	Neurology
Jayaram, Nittor R.	MD	Endocrinology
Kaplan, Seth	MD	Ophthalmology
Katello, Susan	APRN	Cardiovascular Institute
Karanth, Puja	MD	Hospitalists
Kausar, Fariha	MD	Rheumatology
Kelly, Maureen	MD	Hospitalists
Kubicki, Jessica	APRN	Inpatient Palliative Care
Kudirka, Andrius A.	MD	Family Medicine
Kyriakopoulos, Eugenia	DO	Family Medicine
Jengic, Bethany	MD	Hospitalists
Lal, Mona	MD	Behavioral Health
Liston, Michael J.	MD	Orthopaedics
Lou, Michael	MD	Hospitalists
Lubinski, Jennifer	LCSW	OP Palliative Care & CBM
Lynch, Michael J.	DO	Family Medicine
Magee, James J.	MD	Family Medicine
Makdah, Salem J.	MD	Internal Medicine
Makina,Margaret	APRN	OP Palliative Care & CBM
Mayer-Zich, shelley	APRN	Orthopaedics
Maxson, Robert	MD	Pulmonary/Critical Care
McShane, Maureen	DPM	Podiatry/ Wound Care

Mehta, Abhishek	MD	Family Medicine
Merlo, MaryAnn	APRN	Family Medicine
Meyer, Ruby	APRN	OP Palliative Care & CBM
Miller, Ann	APRN	Cardiovascular Institute
Montilla-Rener, Winnie	APRN	Behavioral Health
Murphy, Tina	APRN	OB/Gyne
Nchekwube, Chisalu	MD	Family Practice
Pancholi, Neel	MD	Orthopaedics
Panka, Brianna	LCSW	Behavioral Health
Panek, Michelle	APRN	Inpatient Palliative Care
Petrusha, Joy		
Pudusseri, Lisa	DO	Cardiovascular Institute
Puri, Jignasa	DO	Immediate Care
Qayyum, Ijaz	MD	General Surgery
Qayyum, Imad	MD	Colorectal Surgery/General Surgery
Quinn, Thomas	MD	Cardiovascular Institute
Rahman, Anwar Zia	MD	Hospitalists
Rajjoub, Samer R.	MD	General Surgery/Endocrine Surgery
Reed, Matthew	LCSW	Behavioral Health
Regan, John	MD	Hospitalists
Regganie, Bernadette	LCSW	OP Palliative Care & CBM
Rowan, Daniel	DO	Cardiovascular Institute
Russell, Ann Marie	APRN	OP Palliative Care & CBM
Sabharwai, Jagdeep (JD)	MD	Cardiovascular Institute
Saffar, Valerie	APRN	OP Palliative Care & CBM
Salvino, Michael J.	MD	Plastic Surgery/Reconstructive Surgery
Shah, Ankur	MD	Cardiovascular Institute
Shah-Khan, Miraj	MD	Breast Surgery/Breast Surgical Oncology
Shanahan, Amy	LCSW	Behavioral Health
Sinibaldi, Mark R.	MD	Behavioral Health
Skrzecz, Helen	APRN	Immediate Care
Stephen, Anu	APRN	OP Palliative Care & CBM
Striegel, P. Gregory	MD	Family Medicine/ Wound Care
Sural, Neethi	MD	Hospitalists
Tarala, Veronica	APRN	OP Palliative Care & CBM
Thota, Vijayalakshmi V.	DO	Internal Medicine
Torres, Carmelita	MD	OB/Gyne
Trenhaile, James	MD	Hospitalists
Uta, Beatrice	MD	Immediate Care
Van Kempen, Jennifer	APRN	Inpatient Palliative Care
Vardanyan, Zaruhi	MD	Hospitalists
Vora, Avni	MD	Endocrinology

Woodyard, Aimee
Ye, Chen
Zajac, Krista
Zander, Jennifer B.

PA-C	General Surgery
MD	Hospitalists
APRN	Cardiovascular Institute
MD	Endocrinology

EXHIBIT B

The Financial Assistance Policy does NOT cover the Emergency Treatment and Medically Necessary Care performed at Hospital's facility by the following physicians and other providers.

<u>NAME</u>	<u>Type</u>	<u>SPECIALTY</u>
Abdelrhman, Tamer	M.D.	Radiation Oncology
Abdessamad, Mohamad A.	M.D.	Nephrology
Abusharif, Hamdala H.	M.D.	Pediatrics
Afana, Majed	M.D.	Cardiology / Interventional Cardiology
Agha, Ahmad J.	M.D.	Pulmonary Critical Care
Ahdab, Tarek	M.D.	Cardiology
Ahmed, Anam	M.D.	Internal Medicine
Ahmed, Vasia A.	M.D.	Hematology
Ahuja, Akash	M.D.	Nephrology
Aippersbach, Elke	M.D.	Radiation Oncology
Akbar, Ayesha	M.D.	Endocrinology
Alaani, Ziad	M.D.	Neurology
Alattar, Mohammad	M.D.	Neonatology
Aldaas, Fadi	M.D.	Pulmonary/Critical Care
Aleksonis, Dinas	M.D.	Pulmonary/Critical Care
Alexander, Philip J.	M.D.	Cardiothoracic Surgery
Alhandalous, Chaher	M.D.	Internal Medicine
Alhawasli, Hazem	M.D.	Cardiology/Interventional Cardiology
Alhayani, Irfan	M.D.	Internal Medicine
Alikakos, Zoe	M.D.	Pediatrics
Al-Khaled, Nouri	M.D.	Cardiology/Interventional Cardiology
Al-Khudari, Mohammad	M.D.	Ophthalmology
Almansoori, Khaled	M.D.	Orthopedics/Spine Surgery
Almasri, Hussam	M.D.	Family Practice
Al-Qawasmi, Fouad	M.D.	OB/Gyne
Alsharif, Hani	M.D.	Nephrology
Alshobaki, Mansour	M.D.	Family Practice
Altarshan, Abdallah	M.D.	Endocrinology
Alzein, Mohamad R.	M.D.	Internal Medicine
Amine, Muhamad	M.D.	Otolaryngology
Anani, Ashraf	M.D.	Internal Medicine

Andreoni, John	M.D.	Infectious Disease
Arif, Abdurrahman	M.D.	Internal Medicine
Arndt, Thomas Robert	M.D.	Gastroenterology
Arrotti, John J.	M.D.	Cardiology
Asadullah, Khaja	M.D.	Internal Medicine
Atieh, Osama K.	M.D.	Internal Medicine
Atkenson, Paul T.	M.D.	Orthopedics
Atkenson, Robert J.	M.D.	Orthopedics
Atta-Fynn, Rosemary	M.D.	Internal Medicine
Avula, Surendra B.	M.D.	Interventional Cardiology/Cardiology
Aziz, George F.	M.D.	Interventional Cardiology/Cardiology
Bajaj, Vijay	M.D.	Internal Medicine
Baker, Cara	M.D.	Anesthesiology
Balandrin, Jorge E.	M.D.	Internal Medicine
Ballany, Wassim	M.D.	Electrophysiology/Cardiology
Bane, Christopher D.	M.D.	Cardiology/Interventional Cardiology
Barakat, Nabil A.	M.D.	Plastic Surgery/Hand Surgery
Baridi, Refat	M.D.	Oncology/Hematology
Barry, Sheila	M.D.	Infectious Disease
Bautista, Michael J.	M.D.	Anesthesiology
Baxtrom, Catherine M.	D.O.	Emergency Medicine
Baylis, William	D.O.	Orthopedics/Hand Surgery
Bayrakdar, Ammar	M.D.	Endocrinology
Beissel, Terence J.	M.D.	Pediatrics
Belgrad, Jonathan	M.D.	Pediatrics
Beri, Rohinee	M.D.	Pulmonary/Critical Care
Bertumen, J. Bradford	M.D.	Infectious Disease
Bikak, Marvi	M.D.	Critical Care
Bird, David J.	D.O.	Anesthesiology
Bliley, Roy C.	M.D.	Cardiology/Interventional Cardiology
Blumenstein, Brian J	M.D.	Gastroenterology
Bokhari, Syed S.	M.D.	General Surgery
Bonaguro, Ronald J.	M.D.	Urology Surgery
Borrelli, George	M.D.	Emergency Medicine
Boscardin, James B.	M.D.	Orthopedics
Boysen, Lawrence	M.D.	OB/Gyne
Bradford, Carrie M.	M.D.	Pathology
Brann, D. Duane	D.P.M.	Podiatry
Branovacki, George	M.D.	Orthopedics
Brink, Dale S.	D.P.M.	Podiatry
Brusca, Michael A.	M.D.	OB/Gyne
Bump, Thomas E.	M.D.	Cardiology/Electrophysiology

Burda, Diana M.	M.D.	Internal Medicine
Burke, John	M.D.	Cardiology/Electrophysiology
Burke, Martin C.	D.O.	Electrophysiology/Cardiology
Byrnes, Michael	D.P.M.	Podiatry
Cairo, Deborah M.	M.D.	Emergency Medicine
Calvert, Christopher J.	M.D.	Pediatrics
Camba, Noel	M.D.	Cardiology/Interventional Cardiology
Carandang, Godofredo C.	M.D.	Infectious Disease
Carreon, V. Grace	M.D.	Pediatrics
Chaar, Bassem	M.D.	Hematology/Oncology
Chadha, Rick A.	M.D.	Gastroenterology
Chakrabarti, Sudarsana	M.D.	Internal Medicine
Challa, Pragathi	M.D.	Internal Medicine
Chandarana, Kantilal	M.D.	Radiology
Chandra, Sandeep	M.D.	Internal Medicine
Charara, Laya	M.D.	Internal Medicine
Chen, Helen M.	M.D.	Pathology
Chow, Jerry Chee Sing	M.D.	Plastic Surgery/Hand Surgery
Coffey, Patrick H.	D.O.	Vascular Surgery
Commito, Kristin M.	M.D.	Anesthesiology
Conniff, Cory L.	M.D.	Rheumatology/Internal Medicine
Correa, Beatrice M.	M.D.	Internal Medicine
Cross, Chadrick A	M.D.	Cardiothoracic Surgery
Crossan, Paul	M.D.	Radiation Oncology
Croucher, Allison	D.O.	Pediatrics
Crowley, Brian P.	D.O.	Emergency Medicine
Curtin, Jeffrey C.	D.O.	Neurology
Cwikla, Tomasz	M.D.	Pediatrics
Czarlinski, Jack	M.D.	Internal Medicine
Dalawari, Satinder	M.D.	Internal Medicine
Dallal, Ousama	M.D.	Neonatology
Damiani, Mary Anne	D.O.	Internal Medicine
Danielsky, Paul J.	M.D.	Orthopedics
D'Astice, Michael D.	M.D.	Gastroenterology
Daugherty, Kristin M.	M.D.	Emergency Medicine
Dave, Ankur B.	D.O.	Infectious Disease
Defrino, Paul F.	M.D.	Orthopedics
Degeysys, Kristina	M.D.	Cardiology
DeJong, Richard J.	M.D.	Family Practice
Demeter, Lela	M.D.	Internal Medicine
Desai, Ravi	D.O.	Anesthesiology
Deshpande, Prashant	M.D.	Pediatrics

DeVito, Michael A.	D.P.M.	Podiatry
Dholakia, Ashok C.	M.D.	Internal Medicine
Diab, Mazen	M.D.	Nephrology
Diamond, Mark D.	D.O.	Internal Medicine
Diamond, Sean M.	M.D.	Pediatrics
Doah, Jack A.	D.O.	OB/Gyne
Dohse, David A.	D.O.	Family Practice
Donatello, Frank A.	D.O.	Family Practice
Dongas, John	M.D.	Electrophysiology/Cardiology
Drinan, Kathleen J.	D.O.	Cardiology
Dy-Johnson, Jessica	M.D.	OB/Gyne
Elahi, Taj	M.D.	Internal Medicine
Elkhatib, Imad M.	M.D.	Gastroenterology
Ellenby, Martin I.	M.D.	Vascular Surgery
Elmosa, Steve A.	D.O.	Emergency Medicine
Elsheikh, Malak	M.D.	Infectious Disease
Espel, Julia C.	M.D.	Pulmonary/Critical Care
Evans-Beckman, Linda C.	M.D.	Family Practice
Farbstein, Samuel A.	M.D.	Internal Medicine
Farley, Christopher L.	M.D.	Ophthalmology
Farrell, Brian P.	M.D.	Otolaryngology
Feingold, Michael T.	M.D.	OB/Gyne
Finkelshteyn, Ilya	M.D.	Internal Medicine
Fliegelman, Robert M.	D.O.	Infectious Disease
Flosi, Sam F.	D.O.	OB/Gyne
Frank, Michael W.	M.D.	Cardiothoracic Surgery
Frankel, Daniel A.	M.D.	Radiology
French, Brian J.	D.P.M.	Podiatry
French, Steven	D.P.M.	Podiatry
Fuentes, Henry J.	M.D.	Orthopedics
Gal, Krystyna	D.O.	Otolaryngology
Galley, Brett R.	M.D.	Neonatology
Gandhi, Romal	M.D.	Internal Medicine
Gandhi, Sonali	M.D.	Emergency Medicine
Garcia, Benjamin	D.O.	Emergency Medicine
Garcia-Gonzalez, Jose M.	M.D.	Ophthalmology/Retina Surgery
Garras, David N.	M.D.	Orthopedics
Gavani, Uma D.	M.D.	Allergy
Geiger, Richard H.	D.O.	Family Practice
Gelles, Robert	D.P.M.	Podiatry
Georgelos, Nicholas P	D.O.	Physical Medicine/Rehab
Geringer, Charles E.	M.D.	Rheumatology

Gerry, Donald	D.O.	Family Practice
Ginde, Jayant V.	M.D.	Radiation Oncology
Ginde, Sunita J.	M.D.	Pediatrics
Gnap, John	M.D.	Family Practice
Gnatenco, Carmen	M.D.	Internal Medicine
Gordon, Paul J.	M.D.	Thoracic Surgery
Gracias, Felipe	M.D.	General Surgery
Grant, Calvin A.	M.D.	Retina Surgery
Grybauskas, Vytenis T.	M.D.	Otolaryngology
Guirguis, Alfred S.	D.O.	Gyne-Oncology/Gynecology
Haddad, Rami Y.	M.D.	Hematology/Oncology
Hai, Afroz A.	M.D.	Cardiology/Electrophysiology
Hajiharis, Vassos Bill	D.D.S.	Oral Surgery
Hamad, Amar	M.D.	Hematology/Oncology
Hamadeh, Abdulgany	M.D.	Pulmonary/Critical Care
Hamadeh, Mufaddal	M.D.	Oncology
Hampston, Ewa	M.D.	Family Practice
Hanif, Sameul O.	M.D.	Interventional Radiology
Hanif, Tabassum	M.D.	Pulmonary/Critical Care
Haque, Sarfaraz	M.D.	Internal Medicine
Hasan, Sohail J.	M.D.	Ophthalmology/Retina Surgery
Heniff, Michael W.	M.D.	Pulmonary/Critical Care
Hennenfent, Stephen L.	M.D.	Anesthesiology
Herbick, John M.	D.O.	Family Practice
Hernandez-Argudin, Gonzalo G.	M.D.	Neonatology
Herzog, Michael E.	M.D.	Urology Surgery
Hoang, Truc C	M.D.	Neonatology
Hodakowski, George T.	M.D.	Cardiothoracic Surgery
Hoffman, Donald R.	D.P.M.	Podiatry
Holcomb, Rachel	D.O.	Pediatrics
Horton, Michael G.	M.D.	Radiology
Iaffaldano, Robert A.	M.D.	Cardiology/Interventional Cardiology
Iqbal, Naveed S.	M.D.	Cardiology/Interventional Cardiology
Irizarry, Sylvia	M.D.	Pediatrics
Irlanda, Iria E.	M.D.	Infectious Disease
Itkin, Arthur	M.D.	Neurology
Iyer, Shilpa V.	M.D.	Gyne-Urology
Jacobson, Daniel	M.D.	
Jain, Dinesh	M.D.	Internal Medicine
Jain, Parag	M.D.	Cardiology
Jamilla, Francis P.	M.D.	Critical Care/Pulmonary
Jengic, Bethany M	M.D.	Internal Medicine

Jesani, Faheem	D.O.	Emergency Medicine
Jester, Jon Randal	M.D.	Radiology
Jilani, Danial A	M.D.	Radiology
Johnson, Karen D	M.D.	OB/Gyne
Joseph, Kevin	M.D.	Pediatrics
Joshi, Amit M.	M.D.	Family Practice
Joshi, Devang J	M.D.	Cardiothoracic Surgery
Joudeh, Mohanad	M.D.	Internal Medicine
Joy, Edward G.	M.D.	Orthopedics
Jweied, Eias E.	M.D.	Cardiothoracic Surgery
Kakavas, Peter W	M.D.	Cardiology
Kale, Alka S.	M.D.	OB/Gyne
Kalimuthu, Ramasamy	M.D.	Plastic Surgery/Hand Surgery
Kamath, Deepa S.	D.O.	Infectious Disease
Kanashiro, Mary	M.D.	Internal Medicine
Kaplan, Seth I	M.D.	Ophthalmology
Kapur, Avnit	M.D.	Radiology
Karanastasis, Georgios	M.D.	Internal Medicine
Karanth, Puja	M.D.	Internal Medicine
Kareem, Folashade	M.D.	Internal Medicine
Karimpour, Shervin	M.D.	Radiation Oncology
Kason, Thomas T.	M.D.	Cardiology
Kassas, Ibrahim	M.D.	Interventional Cardiology
Katsoulakis, Nickolas P.	M.D.	Ophthalmology
Kawji, Mazen	M.D.	Cardiology
Kcomt, William A.	M.D.	Rheumatology
Kelly, Maureen E.	M.D.	Family Practice
Kent, Joseph H.	M.D.	Infectious Disease
Khan, Faisal A.	D.D.S.	Oral Surgery
Khan, Noorun M.	M.D.	Internal Medicine
Khilfeh, Hamdi	M.D.	Internal Medicine
Kim, Jerry Y.	M.D.	Anesthesiology
Kim, Won D.	M.D.	Pediatrics
Kinder, Charles A	M.D.	Electrophysiology
Kishkurno, Serguei	M.D.	Neonatology
Kittaneh, Muaiad	M.D.	Hematology/Oncology
Kmicikewycz, Alexander	M.D.	Internal Medicine
Kolyvas, Chris	M.D.	Interventional Cardiology/Cardiology
Kooiker, Philip	M.D.	Otolaryngology
Kosmala, William	M.D.	Gastroenterology
Kraska, Alicja	M.D.	Internal Medicine
Krates, Stephen G.	D.O.	Ophthalmology

Kronen, Gary A.	M.D.	Plastic Surgery/Hand Surgery
Krygsheld, Timothy J.	D.P.M.	Podiatry
Kumar, Sampath P.	M.D.	Infectious Disease
Kumar, Sanath S.	M.D.	Colon and Rectal Surgery
Kummerer, Robert G.	M.D.	Cardiothoracic Surgery
Lai, Kaihua (Kevin)	M.D.	Internal Medicine
Lai, Wayne	M.D.	Anesthesiology
Lapkus, Domas J.	M.D.	Internal Medicine
Latta, Shadi	M.D.	Hematology/Oncology
Lee, Ji Hun M.	D.O.	Emergency Medicine
Leipold, Lori C.	D.O.	OB/Gyne
Lekovic, Marko	M.D.	OB/Gyne
Lertsburapa, Kirkeith	M.D.	Cardiology
Lindgren, Robert F.	M.D.	OB/Gyne
Liotta, Margaret R.	D.O.	Gyne-Oncology
Liston-Gannon, Patricia	D.D.S.	Pedodontics
Lou, Michael	M.D.	Internal Medicine
Loutfi, Saoud	M.D.	Hematology/Oncology
Lowe, Michael P.	M.D.	Gyne-Oncology
Lue, Wayne C.	M.D.	Gastroenterology
Luke, Suzette	M.D.	Ophthalmology
Lustenberger, Ryan	M.D.	Anesthesiology
Lyon, Mark B.	M.D.	Urology Surgery
Lyon, Susan T.	M.D.	Otolaryngology
MacGillis, Kyle	M.D.	Orthopedics/Hand Surgery
Madhani, Jayesh M.	M.D.	Internal Medicine
Madhav, Gopal	M.D.	Internal Medicine
Magdziarz, Daniel D.	D.O.	Emergency Medicine
Mahafzah, Mahmoud	M.D.	Hematology/Oncology
Majewski, Janet	M.D.	Pediatrics
Majmundar, Ameer R.	M.D.	Allergy
Malm, Bruce C.	M.D.	Internal Medicine
Mancini, Antonio	D.O.	Urology Surgery
Manglano, Ramon	M.D.	General Surgery
Mar, Calvin M.	M.D.	OB/Gyne
Marasovich, Lori A.	D.O.	Emergency Medicine
Marcic, Branislav	M.D.	Nephrology
Marcic, Sonja M	M.D.,Ph.D.	Nephrology
Marcotte, Susan E.	D.O.	Family Practice
Marra, Silvio	M.D.	Otolaryngology
Martin, Jeffrey	M.D.	Anesthesiology
Massimilian, James T.	D.O.	Emergency Medicine

Mataria, Mohammad R.	M.D.	Nephrology
Mayer, Joseph H.	M.D.	Neurology
McGann, John A.	M.D.	Anesthesiology
McIlwain, Carrie A	M.D.	Gyne-Oncology
McInerney, John V.	D.O.	OB/Gyne
McLaughlin, Jeanette S.	M.D.	Nephrology
Mehta, Harshad M.	M.D.	Psychiatry
Mekhail, Anis O.	M.D.	Orthopedics/Spine Surgery
Merhi, Nahla O	M.D.	Gyne-Urology
Micaletti, Michael A.	M.D.	Radiology
Mikuzis, John D	D.O.	Physical Medicine/Rehab
Miller, Ann APRN	DNP	
Miller, Gail	M.D.	OB/Gyne
Moiduddin, Shakir	M.D.	Family Practice
Moisan, Terrence C.	M.D.	Pulmonary
Mozwecz, Jeffrey A.	M.D.	Internal Medicine
Mullin, Kimberly A.	M.D.	OB/Gyne
Musabji, Aris	M.D.	Radiology
Muscarello, Vincent Charles	M.D.	Gastroenterology
Mustafa, Asif K.	M.D.	Cardiothoracic Surgery
Myint, Ronald	M.D.	Hematology/Oncology
Nadkarni, Nitin V.	M.D.	Neurology
Naghdi-Ciaciura, Firouzeh	D.O.	Family Practice
Nahhas, Anas	M.D.	Pulmonary
Nahhas, Mohamed	M.D.	Internal Medicine
Nair, Shanti	M.D.	Pediatrics
Nawas, Sammy I	M.D.	Thoracic Surgery
Nazeer, Umair K	M.D.	Internal Medicine
Neubauer, Nikki L.	M.D.	Gyne-Oncology
Nomanbhoy, Yunus T.	M.D.	Hematology/Oncology
Nouneh, Chadi	M.D.	Cardiology
Nowak, Mary Jane A.	M.D.	OB/Gyne
Nudo, Steven R.	M.D.	Radiology
Obasi, Ejikeme O.	M.D.	Nephrology
Obert-Hong, John M.	M.D.	Family Practice
Olear, Osezua	M.D.	Nephrology
Oliver, Robert J.	M.D.	Internal Medicine/Pediatrics
Olmstead, David A.	M.D.	Internal Medicine
Omer, Muhammad	M.D.	Nephrology
O'Neal, Patrick J.	M.D.	Pediatrics
O'Neill, Hugh M.	M.D.	Family Practice
Onyenwenyi, Chijoke H.	M.D.	Nephrology

Ostrowski, Gregory James	D.O.	Radiology
Ozcan, Yasemin	M.D.	Physical Medicine/Rehab
Ozinga, David W.	M.D.	Anesthesiology
Pacella, Daniel A.	D.O.	General Surgery
Pagni, Carlo G.	D.D.S.	Oral Surgery
Pai, Aparna U.	M.D.	Internal Medicine
Pandya, Dave J.	M.D.	Cardiology
Pandya, Kaushik J.	M.D.	Pediatrics
Pannaralla, Amy	D.O.	Family Practice
Panozzo, John A.	M.D.	Family Practice
Pappas, Patroklos S.	M.D.	Cardiothoracic Surgery
Park, Paul	M.D.	Ophthalmology
Patel, Amishi	M.D.	Nephrology
Patel, Samir	M.D.	Gastroenterology
Patel, Vivek N.	D.P.M.	Podiatry
Peters, Constantine G.	D.O.	Internal Medicine
Peterson, Bradford G.	M.D.	Anesthesiology
Pierpaoli, Steven M.	M.D.	Urology Surgery
Poronsky, Albert B.	D.O.	Family Practice
Porter, Michael J	M.D.	Electrophysiology/Cardiology
Potkul, Ronald K.	M.D.	Gyne-Oncology
Pradhan, Sanjeev K	M.D.	Vascular Surgery
Pratuangtham, Surasak	M.D.	Pediatrics
Prentice, Robert	D.O.	Cardiology
Price, Scott P.	M.D.	Orthopedics
Principe, John R.	M.D.	Internal Medicine
Pudusseri, Lisa	D.O.	Cardiology
Quinn, Steven J	M.D.	Pulmonary/Critical Care
Quinn, Thomas J.	M.D.	Cardiology
Raddawi, Hareth M	M.D.	Gastroenterology
Raghuvir, Rashmi	M.D.	Cardiology
Rahman, Anwer Zia	M.D.	Internal Medicine
Raju, Priya	M.D.	Nephrology
Ramadurai, Govind	M.D.	Cardiology/Interventional Cardiology
Ramadurai, Jayanthi	M.D.	Hematology/Oncology
Ramana, Ravi	D.O.	Cardiology/Interventional Cardiology
Raminski, David A.	D.O.	Urology Surgery
Rao, Subramanya	M.D.	Oncology/Hematology
Razzaque, Mohammad A.	M.D.	Internal Medicine
Regan, John	M.D.	Internal Medicine
Reiter, Mark S.	M.D.	Internal Medicine
Remo, Mylene Hernandez	M.D.	Hematology/Oncology

Rhode, Blair A.	M.D.	Orthopedics
Rifai, Luay	M.D.	Cardiology
Rife, Susan B.	D.O.	Family Practice
Rii, Joyce	D.O.	Infectious Disease
Ringus, Julius C.	M.D.	Pathology
Rivera Guerrero, Jose F	M.D.	Internal Medicine
Rizvi, Zulfiqar H.	M.D.	Internal Medicine
Rizzo, Nicholas	M.D.	Internal Medicine
Romberg, Michael S.	M.D.	Wound Care
Rowan, Daniel A.	D.O.	Cardiology
Ruggero, Kathleen A.	D.O.	Infectious Disease
Rusco, Scott J.	D.O.	Family Practice
Ryan, Edward C.	M.D.	OB/Gyne
Sabharwal, Jagdeep	M.D.	Interventional Cardiology
Sanchez, Mario	M.D.	Neonatology
Sandhu, Harcharan	M.D.	Psychiatry
Sankari, Abdul	M.D.	Cardiology/Interventional Cardiology
Sarhan, Mohammad	M.D.	Vascular Surgery
Saxena, Madhulika	M.D.	Internal Medicine
Schiappa, Jeffrey A.	D.O.	Family Practice
Schlais, Rudolph A.	M.D.	Anesthesiology
Schmidt, Matthew E.	M.D.	Ophthalmology
Sekhadia, Lipi	M.D.	Internal Medicine
Selk, Natalie	M.D.	Nephrology
Semba, Laura L.	M.D.	Plastic Surgery
Shah, Ankur S.	M.D.	Cardiology
Shah, Bhavin C.	M.D.	General Surgery
Shah, Kaiser	M.D.	Anesthesiology
Shah, Nirav A.	M.D.	Orthopedics
Shah, Samir R.	M.D.	Plastic Surgery/Hand Surgery
Shahbain, Abdul-Hamid	M.D.	Internal Medicine
Sharma, Kailash	M.D.	Pulmonary/Critical Care
Shin, Henry H.	M.D.	Cardiology
Shin, Jonathan Y.	M.D.	Physical Medicine/Rehab
Shirazi, Haider A.	M.D.	Radiation Oncology
Shirazi, S. Javed	M.D.	Radiation Oncology
Shirazi, Wasif H.	M.D.	Hematology/Oncology
Shroff, Sunil	M.D.	Electrophysiology
Sidhwa, Kamo G.	M.D.	Infectious Disease
Sigala, Whitney	M.D.	OB/Gyne
Signore, Robert J.	D.O.	Dermatology
Silva, Rogelio G.	M.D.	Gastroenterology

Skarpathiotis, George	M.D.	Pediatrics
Skarpathiotis, Stratos	M.D.	Pediatrics
Slomka, Magdalena	M.D.	Infectious Disease
Song, Albert C	M.D.	Emergency Medicine
Sousanieh, George	M.D.	Nephrology
Spear, William	M.D.	Electrophysiology/Cardiology
Sperelakis, Antoinette	M.D.	Pathology
Speziale, Nicholas J.	M.D.	Plastic Surgery/Hand Surgery
Spontak, Stephen	M.D.	Emergency Medicine
Sreckovic, George I.	M.D.	Urology Surgery
Steinberg, Jay Paul	M.D.	Urology Surgery
Stella, Dominick J.	M.D.	Cardiology/Interventional Cardiology
Stella, Joseph F.	D.O.	Cardiology/Interventional Cardiology
Stella, Ronald E.	M.D.	Cardiology/Interventional Cardiology
Stringer, Elizabeth Courtney	M.D.	Pediatrics
Styka, Beata I.	M.D.	Internal Medicine
Sulo, Robert M.	M.D.	Internal Medicine
Sun, Judy	M.D.	Gyne-Urology
Sunbulli, Talal	M.D.	Gastroenterology
Sur, James P.	M.D.	Cardiology/Interventional Cardiology
Sural, Neethi	M.D.	Internal Medicine
Syed, Saira	D.O.	Pediatrics
Sylora, James A.	M.D.	Urology Surgery
Tabachnick, Deborah R	M.D.	Cardiothoracic Surgery
Tabriz, Muhammad S.	M.D.	Infectious Disease
Taksande, Sushant R.	M.D.	Nephrology
Tang, Juelin	M.D.	Internal Medicine
Tang, Ming-Yeng	M.D.	Internal Medicine
Tanquilut, Eugene M.	D.O.	Vascular Surgery
Tatooles, Antone J.	M.D.	Cardiothoracic Surgery
Tejpal, Yogesh	M.D.	Cardiology
Teplitz, Eric P.	M.D.	Cardiology
Tess, James J.	M.D.	Family Practice
Thakkar, Nirav N.	M.D.	Otolaryngology
Thakker, Nitesh	M.D.	Internal Medicine
Thomas, Abraham	M.D.	Nephrology
Thompson, James	M.D.	Allergy
Tierney, Sean P.	M.D.	Electrophysiology/Cardiology
Tobia, Nader	M.D.	Internal Medicine
Tobin, Francis A.	M.D.	Dermatology
Tobin, Melinda	M.D.	Emergency Medicine
Trivedi, Dinker A.	M.D.	Cardiology

Troy, Daniel A.	M.D.	Orthopedics/Spine Surgery
Tucke, Aaron G.	D.D.S.	Oral Surgery
Turk, Charles O.	D.O.	Urology Surgery
Usmani, Sarah	M.D.	Pulmonary/Critical Care
Vadali, Maitrayee	M.D.	Cardiology
Vaishnav, Nikunj P.	M.D.	Pediatrics
Vaishnav, Soham	M.D.	Pediatrics
Valaitis, Sandra R.	M.D.	Gyne-Urology
Vali, Faisal	M.D.	Radiation Oncology
Vanderbilt, Julie G.	M.D.	Family Practice
Vardanyan, Zaruhi	M.D.	Internal Medicine
Vasavada, Rajiv J.	M.D.	Internal Medicine
Vasdekas, Thomas J.	M.D.	General Surgery
Venkataraman, Priya	M.D.	Internal Medicine
Vora, MEHUL (MALE) R.	M.D.	Endocrinology
Vulich, Steve N.	D.O.	Emergency Medicine
Waheed, Salman	M.D.	Hematology/Oncology
Wallace, Gabriel	M.D.	Vascular Surgery
Walsh, Curtis G.	M.D.	Otolaryngology
Wang, Siao-Yi	M.D.	Hematology/Oncology
Wardell, Steven	M.D.	Orthopedics
Watti, Hussam	M.D.	Interventional Cardiology
Weber, Daniel T.	M.D.	Orthopedics
Welsch, Michael	M.D.	Dermatology
Williams, Herlanders J.	M.D.	OB/Gyne
Winterfield, Roland W.	M.D.	Cardiology
Wittmayer, Brian	D.P.M.	Podiatry
Wolowick, Mark J.	M.D.	Anesthesiology
Wrona, Robert W.	D.O.	Family Practice
Ybanez, Neil D.	M.D.	Nephrology
Ye, Chen	M.D.	Internal Medicine
Yousef, Nida	M.D.	Pediatric Cardiology
Yun, Hong Jun	M.D.	Cardiology/Interventional Cardiology
Yung, Cheuk W.	M.D.	Dermatology
Zabiega, Margaret H.	M.D.	Internal Medicine
Zaidi, Ali	M.D.	Cardiology
Zakaria, Firas	M.D.	Internal Medicine
Zakieh, Nasser	M.D.	Pulmonary/Critical Care
Zakkar, Mohamed	M.D.	Pulmonary/Critical Care
Zalzaleh, Ghassan	M.D.	Oncology
Zarzuela, Cassia V	M.D.	Pediatrics
Zuberi, Meiraj	M.D.	Endocrinology

Zumerchik, David L.

M.D.

Urology Surgery

EXHIBIT C

Palos Medical Group Offices

**Palos Medical Group/ North
Campus
12255 S. 80th
Ave
Palos Heights, IL 60463**

**Palos Medical Group/South Campus
15300 West Ave
Orland Park, IL 60462**

EXHIBIT D

Palos Community Hospital

Uninsured Discount Grid for Charity Care Patients

Family Size	1	2	3	4	5	6	7	8	9	10
	\$12,880	\$17,420	\$21,960	\$26,500	\$31,040	\$35,580	\$40,120	\$44,660	\$49,200	\$53,740
Percentage										
100.0%	\$25,760	\$34,840	\$43,920	\$53,000	\$62,080	\$71,160	\$80,240	\$89,320	\$98,400	\$107,480
	200%	200%	200%	200%	200%	200%	200%	200%	200%	200%
95.0%	\$38,640	\$52,260	\$65,880	\$79,500	\$93,120	\$106,740	\$120,360	\$133,980	\$147,600	\$161,220
	300%	300%	300%	300%	300%	300%	300%	300%	300%	300%
90.0%	\$51,520	\$69,680	\$87,840	\$106,000	\$124,160	\$142,320	\$160,480	\$178,640	\$196,800	\$214,960
	400%	400%	400%	400%	400%	400%	400%	400%	400%	400%
85.0%	\$64,400	\$87,100	\$109,800	\$132,500	\$155,200	\$177,900	\$200,600	\$223,300	\$246,000	\$268,700
	500%	500%	500%	500%	500%	500%	500%	500%	500%	500%
80.0%	\$77,280	\$104,520	\$131,760	\$159,000	\$186,240	\$213,480	\$240,720	\$267,960	\$295,200	\$322,440
	600%	600%	600%	600%	600%	600%	600%	600%	600%	600%
***The Maximum amount that can be collected in a 12 month period is 25% of the patients household gross income										

NMHC Additional Services and Patient Support

Additional services to support patients in need of financial assistance are available throughout the Health System. These services are often tailored to the individual communities each NMHC hospital serves and may vary by location. Some examples are described below. However, this is not an exhaustive list. Additional information is available by contacting the NM Financial Counseling office at 800.423.0523 or by visiting a Financial Counseling office at any NMHC hospital.

- In circumstances where patients (or guarantors) are not able to provide evidence of eligibility for the NMHC Financial Assistance Policy, NMHC hospitals may assess eligibility using third-party and public information. In this way, patients who are eligible can automatically receive the benefit of the program. In addition, in accordance with law, patients meeting specified criteria may be presumed eligible and not required to complete a financial assistance application (Presumptive Eligibility program).
- Patients (or guarantors) may apply for financial assistance even after collection efforts have been made and after an account has been referred to a third-party collection vendor. Third-party collection vendors are required to suspend collection efforts and refer accounts back to NMHC entities if they learn a patient has applied for financial assistance, or if they can determine that a patient may be eligible for financial assistance.
- Interest-free installment payment plans are available at entities served by the NMHC Financial Assistance Policy (as outlined above) as well as under the Catastrophic Program for patients meeting certain conditions.
- Teams of financial counseling and patient financial inquiry representatives are available at various NMHC entities to help patients learn about and assess their eligibility for financial assistance programs as well as other government-based services, including Medicaid, Medicare and the Senior Health Insurance Program (SHIP). There is no minimum-services threshold required to receive this service. Some NMHC institutions utilize third-party representatives to assist with this process. Processes are in place to link patients with financial counselors when financial hardship is identified as a concern during clinical social services assessments.
- To increase awareness of financial assistance programs:
 - All documents related to the NMHC Financial Assistance Policy, including the Application and Plain Language Summary documents, have been developed in English, Spanish, Arabic, Bosnian, Chinese, Hindi, Korean, Polish, Russian, Urdu and Vietnamese.
 - The Palos Health Financial Assistance Policy and supporting documents are available in English, Spanish, Arabic and Polish.
 - Signs are displayed in patient registration areas, including emergency departments.
 - Patients may also learn about financial assistance programs and obtain a financial assistance application for all NMHC entities at nm.org/patients-and-visitors/billing-and-insurance/financial-assistance (available in each of the aforementioned languages).
 - Interpreters are available at no cost to provide financial counseling in the patient's preferred language.
- In FY20, NMH and NM LFH started the NM Drug Replacement Program through which staff work with drug manufacturers to enroll patients in assistance programs to ensure patients are able to afford their medication; this program has since been expanded to NMG, NM CDH, NM Delnor, NM Kishwaukee and NM Valley West. Third-party representatives assist with this process.
- In collaboration with local community clinical providers and social services providers, multiple NM entities conduct community outreach to increase awareness of NM financial assistance programs.

- NM CDH facilitates patients accessing expanded health insurance through involvement with the DuPage Health Coalition's Silver Access DuPage program. The program helps patients who qualify with low income to upgrade to higher-level insurance plans on the ACA exchanges by providing subsidies to cover the cost difference between lower- and higher-level insurance plans.
- Registration staff and financial counselors continue to receive ongoing staff education and training to ensure that employees who register patients and those who provide financial counseling fully understand and are aware of the range of financial assistance programs available for patients. As part of NMHC's annual compliance training, all staff members are made aware of NMHC's financial assistance program and what to do if a patient expresses financial hardship.
- Patients from Near North Health Services Corporation, Erie Family Health Centers (Erie) and CommunityHealth can use documentation already completed at community-based sites to apply for the financial assistance programs at NMH, NM LFH and NMG. Work is underway to expand this program. Patients from the Family Health Partnership Clinic can use documentation already completed at its community-based site to apply for the financial assistance programs at NM McHenry, NM Huntley and NM Woodstock. NMHC may request additional information as necessary for patient financial assistance approval; this includes patients requiring surgery or complex services.
- Additional financial assistance has been provided to patients during the COVID-19 pandemic:
 - Upon patient request, NMHC has delayed monthly payments and discontinued automatic payments for those experiencing economic hardship.
 - The financial assistance team expanded outreach efforts and reduced paperwork requirements to help reduce patient inconvenience.
 - NMHC worked with patients who received any COVID-19-related diagnosis to hold patient billing statements and to work with their insurance to ensure it was properly applied with maximum benefits.
 - NMHC also worked with the Health Resources and Services Administration (HRSA) for reimbursement for self-pay patients in order to reduce patient liability.

Financial Assistance Application

Patient Name: _____

MRN: _____

YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE: Completing this application will help Northwestern Memorial HealthCare (NMHC) determine if you can receive free or discounted services or other public programs that can help pay for your healthcare.

IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE.

However, a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required, but will help the hospital determine whether you qualify for any public programs. Please complete this form and submit it in person, by mail, by electronic mail, or by fax to apply for free or discounted care within 240 days following the date of discharge or receipt of outpatient care. Patient acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist NMHC in determining whether the patient is eligible for financial assistance.

IF YOU ARE UNINSURED AND MEET SPECIFIC PRESUMPTIVE ELIGIBILITY CRITERIA, YOU ARE NOT REQUIRED TO COMPLETE THIS APPLICATION.

- | | |
|---|--|
| <input type="checkbox"/> Homelessness | Enrollment in assistance programs for low-income individuals: |
| <input type="checkbox"/> Deceased with no estate | <input type="checkbox"/> Women, Infants and Children Nutrition Program (WIC) |
| <input type="checkbox"/> Mental incapacitation with no one to act on patient's behalf | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Medicaid eligibility, but not date of service | <input type="checkbox"/> Illinois Free Lunch and Breakfast Program (LIHEAP) |

APPLICANT			
Applicant Name		Social Security #	Date of Birth
Home Address		City	State Zip
Home Phone Number	Cell Phone Number	Email Address	
Preferred Method of Contact <input type="checkbox"/> US Mail <input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> I am homeless			Annual Household Income
Applicant's Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow			# of Individuals in your Household <i>(as reported on your taxes)</i>
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed – Last date worked: _____			
Employer Name		Phone Number	
Employer Address		City	State Zip
Name of Health Insurance plan offered by employer (including COBRA)			<input type="checkbox"/> Health Insurance not provided

SPOUSE/PARTNER/PARENT/GUARANTOR (when applicable)			
Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Parent <input type="checkbox"/> Guarantor <input type="checkbox"/> Other: _____			
Name		Social Security #	Date of Birth
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed – Last date worked: _____			
Employer Name		Phone Number	
Employer Address		City	State Zip
Name of Health Insurance plan offered by employer (including COBRA)			<input type="checkbox"/> Health Insurance not provided

INSURANCE COVERAGE		
1. Are you covered or eligible for any health insurance policy, including foreign coverage, Health Insurance Marketplace, Veterans' benefits, Medicaid, and Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No		
a. If yes, please provide the following information:		
Policy Holder	Insurer	Policy Number
Policy Holder	Insurer	Policy Number

Patient Name: _____

MRN: _____

QUESTIONNAIRE	
1. Were you an Illinois resident when you received your care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you a foreign national residing in Illinois on a U.S. Visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, what type of Visa? _____	
3. Are you seeking financial assistance for care received in our emergency room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If you are divorced or separated, is your former spouse/partner financially responsible for medical care per the dissolution or separation agreement?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the treatment provided related to any of the following? <input type="checkbox"/> Accident <input type="checkbox"/> Crime <input type="checkbox"/> Workplace Injury <input type="checkbox"/> Other: _____	
6. Have you hired an attorney or are you pursuing a claim for your injury or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, please provide: _____	
Attorney Name	Attorney Phone Number
7. Have you already applied for Medicaid? (<i>we may require that you do so</i>)	<input type="checkbox"/> Yes – Awaiting Approval <input type="checkbox"/> Yes – Not Eligible <input type="checkbox"/> No
a. If no, please check all of the below that apply:	
<input type="checkbox"/> You are 19 years or younger	<input type="checkbox"/> You are 65 years or older
<input type="checkbox"/> You are taking medication to control diabetes, high blood pressure, or seizures	<input type="checkbox"/> You are disabled as determined by the determined by the Social Security Administration
	<input type="checkbox"/> You are blind
	<input type="checkbox"/> You are pregnant
	<input type="checkbox"/> You have children under the age of 19 living with you

ASSETS	
1. Property. Please provide information regarding any property (<i>buildings and/or land</i>) that you own other than your primary residence .	
a. What is the value of all buildings and land minus the amount owed on the property?	\$ _____ <input type="checkbox"/> N/A
i. Is this property used as income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. What is the value of the land (without buildings) minus the amount owed on the property?	\$ _____ <input type="checkbox"/> N/A
i. Is this property used as income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Bank Accounts/Investments. Please list the total current balance for each of the following.	
a. Checking/Savings/Credit Union Accounts:	\$ _____ <input type="checkbox"/> N/A
b. Other Investments (<i>bonds, stocks, etc. excluding IRA and/or retirement accounts</i>):	\$ _____ <input type="checkbox"/> N/A

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal, or local assistance for which I may be eligible to help pay for this hospital bill. I understand that the information provided may be verified by NMHC, and I authorize NMHC to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, or if the application otherwise contains a material error or omission, I will be ineligible for financial assistance, and any financial assistance granted to me may be reversed and I will be responsible for the payment of the bill.

Applicant Signature

Spouse/Partner/Parent/Guarantor Signature (when applicable)

Date

Date

Please return completed application and supporting documents to:

Northwestern Memorial HealthCare
 Attention: Financial Counseling
 675 North Saint Clair, 2-110
 Chicago, IL 60611
 312.926.6906 or 800.423.0523 telephone
 312.694.0447 fax
 finapps@nm.org

Patient Name: _____

MRN: _____

Financial Assistance Required Supporting Documents

Please provide the documents requested below. Your application will be delayed or denied in the event that any of the required documents are not included. If you cannot provide document, please provide a letter of explanation.

Primary Documents:

- **Tax Documents:** Provide your most recent federal tax return and W-2 or IRS Form 4506-T: Request for Transcript of Tax Return.
- **Valid Government-Issued Photo ID:**
 - Driver's license, passport, etc.
- **Proof of Illinois Residency:** Provide at least one of the following documents.
 - Valid state-issued photo ID or driver's license
 - Recent utility bill with an Illinois address
 - IL Voter Registration card
 - Current mail addressed to applicant from a government or other credible source
 - Letter from homeless shelter
- **Proof of Income:** Provide all applicable documents listed below.
 - Copies of your two most recent unemployment checks or stubs
 - Copies of your two most recent employer checks or stubs
 - Copies of your two most recent Social Security checks or stubs
- **Proof of Assets:** Provide your two most recent statements for all checking, savings, and credit union accounts.
- Completed and signed application

Supplemental/Other Documents:

- **Proof of Non-Wage Income:** Provide the following applicable documents, only if you have not submitted a tax return for the previous calendar year or if any of the following income sources will vary between this calendar year and the previous calendar year.
 - Statement of alimony income
 - Statement of business income
 - Statement of retirement or pension income
- **If Married or in a Civil Union:** Provide the following applicable documents regarding your spouse/partner
 - Proof of income and non-wage income (as described above)
 - Federal tax return and W-2 or IRS Form 4506-T: Request for Transcript of Tax Return
 - Most recent statement for all checking, savings and credit union accounts
- **Supplemental/Other (if applicable):**
 - If a foreign national, copy of your passport and United States Visa
 - Health insurance card (please copy front and back)
 - Medicaid approval/denial letter
 - Letter of support (i.e. if your living expenses are being paid by another party)

Palos Health

12251 South 80th Avenue • Palos Heights, Illinois 60463 • 708.923.4000

REQUEST FOR FINANCIAL ASSISTANCE

YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE: Completing this application will help Palos Health determine if you can receive free or discounted services or other public programs that can help pay for your health care. Please submit this application to the hospital.

IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE. However a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required but will help the hospital determine whether you qualify for any public programs.

Please complete this form and submit it to the hospital in person, by mail, by electronic mail, or by fax to apply for free or discounted care within sixty (60) days following the date of discharge or receipt of outpatient care.

Patient acknowledges that he or she has made a good faith effort to provide all information requested in this application to assist the hospital in determining whether the patient is eligible for financial assistance.

Please include the following with your completed application:

- a. A copy of your most recent tax forms with corresponding W-2 forms
- b. A copy of you and your spouse's paycheck stubs for the last two (2) pay periods if applicable.
- c. A copy of your award letter from Social Security.
- d. A copy of your award letter from Unemployment Compensation.
- e. Proof of enrollment if you are a full time student.
- f. A statement and signature of person(s) assisting with living conditions.

Return application (completed, signed and dated) along with supporting documents to:

Palos Health
ATTN: Director, Revenue Cycle
12251 South 80th Avenue
Palos Heights, IL 60463

Questions or concerns can be directed to our toll free number:
866.395.4723

Financial Assistance Application

Please complete application completely and to the best of your knowledge.

PATIENT INFORMATION <small>If the patient is a minor, list parent(s)/guardian(s) as applicant.</small>			
Patient Name	Date of Birth	Social Security Number	
Address	City	State	Zip Code
E-mail address	Telephone number	Was patient an Illinois Resident at time services were rendered? <input type="checkbox"/> YES <input type="checkbox"/> NO	

HOUSEHOLD INFORMATION		
Number of persons in the family household	Number of persons who are dependents of the patient	List all ages of dependents
Can anyone claim the patient as a dependent for federal tax purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYMENT INFORMATION		
Patient's Employer	Address	Telephone Number
Spouse's Employer	Address	Telephone Number

INCOME		ASSETS	
Wages	\$	Checking	\$
Social Security	\$	Savings	\$
Self Employment	\$	Stocks	\$
Unemployment	\$	CDs	\$
Alimony/Child Support	\$	Mutual funds	\$
Disability	\$	Automobiles/Vehicles	\$
Workers' Compensation	\$	Property	\$
Retirement Income	\$	Health Savings/Flex Spending	\$
Other Income (please explain)			

Note: If the patient meets one of the following criteria, the Monthly Expenses table does not need to be completed. Please check all that apply.

- Homeless
- Deceased with no estate
- Mentally incapacitated with no one to act on patient's behalf
- Recent personal bankruptcy
- Incarceration
- Medicaid Eligible but not on service date or non-covered service

Enrolled in one of the following programs:

- Women, Infants and Children Nutrition Program (WIC)
- Supplemental Nutrition Assistance Program (SNAP)
- Illinois Free Lunch and Breakfast Program
- Low Income Home Energy Assistance Program (LIHEAP)
- Receipt of grant assistance for medical workers
- Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as criteria.

MONTHLY EXPENSES	
Housing	\$
Utilities	\$
Food	\$
Transportation	\$
Child Care	\$
Loans	\$
Medical Expenses	\$
Other expenses (please explain)	

Certification

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for this hospital bill. I understand that the information provide may be verified by the hospital, and I authorize the hospital to contact third parties to verify the accuracy of the information provided in this application. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, any financial assistance granted to me may be reversed, and I will be responsible for the payment of the hospital bill.

Signature of Patient or Applicant

Date

Annual Non Profit Hospital Community Benefits Plan Report

Name of Hospital Reporting: <u>Northwestern Memorial HealthCare</u>		
Mailing Address: <u>251 East Huron Street</u>	<u>Chicago, IL 60611</u>	
<small>(Street Address/P.O. Box)</small>	<small>(City, State, Zip)</small>	
Physical Address (if different than mailing address):		
<small>(Street Address/P.O. Box)</small>		
<small>(City, State, Zip)</small>		
Reporting Period: <u>09</u> / <u>01</u> / <u>2021</u>	through	<u>08</u> / <u>31</u> / <u>2022</u>
<small>Month Day Year</small>		<small>Month Day Year</small>
Taxpayer Number: <u>36-3152959</u>		

If part of a health system, list the other Illinois hospitals included in the health system (Note: A separate report must be filed for each Hosp).

<u>Hospital Name</u>	<u>Address</u>	<u>FEIN #</u>
Northwestern Memorial Hospital	251 E. Huron St. , Chicago, IL 60611	37-0960170
Northwestern Lake Forest Hospital	1000 N. Westmoreland Rd. , Lake Forest, IL 60045	36-2179779
Central DuPage Hospital Association	25 Winfield Rd. , Winfield, IL 60190	36-2513909
Delnor-Community Hospital	300 Randall Rd. , Geneva, IL 60134	36-3484281
Kishwaukee Community Hospital	1 Kish Hospital Dr. , DeKalb, IL 60115	23-7087041
Valley West Community Hospital	1301 N. Main St. , Sandwich, IL 60548	36-4244337
Marianjoy Rehabilitation Hospital	26W17I Roosevelt Rd. , Wheaton, IL 60187	36-2680776
Northern Illinois Medical Center	385 Millennium Dr. , Crystal Lake, IL 60012	36-2338884
Palos Community Hospital	12251 S 80th Ave. , Palos Heights, IL 60463	36-2169179

1. ATTACH Mission Statement:
The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and the date it was adopted.

2. ATTACH Community Benefits Plan:
The reporting entity must provide it's most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:

1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care.
2. Identify the populations and communities served by the hospital.
3. Disclose health care needs that were considered in developing the plan.

3. REPORT Charity Care:
Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), not the charges for the services.

Charity Care \$ 90,752,502

ATTACH Charity Care Policy:
Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.

**Note: A report for each NMHC health system hospital listed above is attached to this health system report. This report includes charity care, charity care provided in the emergency department, community benefits, and patient service revenue by hospital. Data for financial assistance applications is included behind the Hospital Financial Assistance Reports tab of this NMHC health system report.*

4. **REPORT Community Benefits** actually provided other than charity care.

See instructions for completing Section 4 of Form AG-CBP-1 (Community Benefits Plan Annual Report Form For Not For Profit Hospital)

Community Benefit Type

Language Assistant Services	\$8,202,294
Financial Assistance	\$90,752,502
Government Sponsored	\$908,600,308
Donations	\$4,510,702
Volunteer Services	
a) Employee Volunteer Services	\$161,913
b) Non-Employee Volunteer Services	\$62,403
c) Total (add lines a and b)	\$224,316
Education	\$83,319,241
Government-sponsored program services	\$ - -
Research	\$64,168,832
Subsidized health services	\$53,780,188
Bad debts	\$34,249,573
Other Community Benefits	\$5,495,672

Attach a schedule for any additional community benefits not detailed above.

5. **ATTACH Audited Financial Statements for the reporting period.**


Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.

John A. Orsini, Senior Vice President & Chief Financial Officer

312-926-4777

Name/ Title (Please Print)

Phone: Area Code/ Telephone No.



02/23/2023

Signature

Date.

Kelly C. Flesch

312-926-4537

Name of Person Completing Form

Phone: Area Code/ Telephone No.

kflesch@nm.org

N/A

Electronic / Internet Mail Address

FAX: AreaCode/FAXNo.

Charity Cost by Hospital, Charity Cost in the ED by Hospital, Total Community Benefits by Hospital, and Net Patient Revenue by Hospital

	NMHC Hospital Fiscal Year 2022								
	NMH	NLFH	NM CDH	NM Delnor	NM Kishwaukee	NM Valley West	NM McHenry, NM Huntley, NM Woodstock*	NM Palos	NM MRH
Charity Care	24,380,729	13,288,355	13,714,702	2,301,582	3,194,155	658,535	6,540,223	2,411,318	828,529
Charity Care - ED	6,375,305	5,077,547	3,337,460	890,642	1,500,614	453,081	2,767,402	886,379	-
Community Benefits	365,660,171	101,239,670	129,856,618	48,576,969	51,634,496	4,872,081	103,882,620	88,610,669	4,385,189
Net Patient Service Revenue	2,258,898,270	463,108,234	1,172,334,297	420,685,602	311,224,913	56,599,703	574,495,092	356,444,422	84,106,216

*NM Huntley, NM McHenry and NM Woodstock report under Northern Illinois Medical Center, as a single Illinois Department of Public Health (IDPH) hospital license, all billing through a single tax ID.

Charity care is defined as the unreimbursed cost of care provided to patients who are uninsured or underinsured and served by the Hospitals. The cost of charity care for the Hospitals was calculated by applying the total cost-to-charge ratio from each hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, consistent with the State of Illinois Attorney General Office definition) to the charges on accounts identified as qualifying for charity care (as defined in the American Institute of Certified Public Accountants Accounting and Auditing Guide – Healthcare Organizations). The resultant calculated cost was then offset by any payments received that were designated for the payment of patient bills qualifying for a charity care discount (as defined in the Healthcare Financial Management Association's Principles and Practices Board Statement 15: Valuation and Financial Statement Presentation of Charity Care and Bad Debts by Institutional Healthcare Providers). The unreimbursed cost of bad debt, Medicaid, Medicare or any other federal, state or local indigent healthcare program is not included in the unreimbursed cost figure for charity care.

Charity care in the Emergency Department (ED) is the unreimbursed cost of charity care provided to patients from the time they were admitted to the ED to the time they were discharged from the ED, following the same methodology as the overall charity care calculation explained above. Charity care in the ED does not include the cost of charity care provided to patients outside of the ED. If a patient is subsequently admitted to the hospital as an inpatient from the ED, it is difficult to accurately separate the ED charges from the inpatient charges. Accordingly, the cost data may not include all ED-associated costs if the patient went on to have an inpatient stay. In general, however, charity care in the ED does not include the cost of charity care provided to patients outside of the ED.

Total community benefits include the contributions by the Hospitals into those community benefits activities as defined by the Illinois Community Benefits Act. Details regarding calculation are available on pages 5-7 of the Mission Statement and Community Benefits tab of this report.

Net patient revenue (NPR) is the money generated from patient services collected from payors, including insurance and government programs. It is inclusive of Hospital Assessment Program (HAP) reimbursement. NPR excludes provisions for contractual adjustments, discounts, and other adjustments or deductions.



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Northwestern Memorial Hospital

Mailing Address: 251 E. Huron

City, State, Zip: Chicago, IL 60611

Reporting Period: 9/1/2021 through 8/31/2022

Taxpayer Number: 37-0960170

• • •

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>3,972</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>2,498</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>31,899</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>491</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>24,380,729</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: 

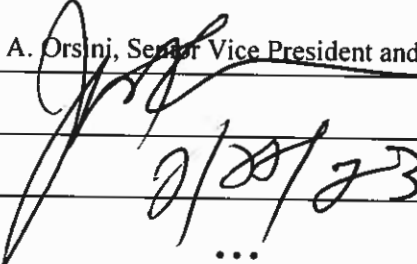
Date: 2/22/2023

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: 

Date: 2/22/23

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: 

Date: 2/22/23



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Northwestern Lake Forest Hospital

Mailing Address: 1000 N. Westmoreland Road

City, State, Zip: Lake Forest, IL 60045

Reporting Period: 9/1/2021 through 8/31/2022

Taxpayer Number: 36-2179779

• • •

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>1,561</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>982</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>11,053</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>41</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>13,288,355</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: _____

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: _____

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: _____



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Central DuPage Hospital Association

Mailing Address: 25 North Winfield Road

City, State, Zip: Winfield, IL 60190

Reporting Period: 9/1/2021 through 8/31/2022

Taxpayer Number: 36-2513909

• • •

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>3,550</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>5,539</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>25,540</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>200</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>13,714,702</u>

4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: _____

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: _____

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: _____



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Delnor Community Hospital

Mailing Address: 300 Randall Road

City, State, Zip: Geneva, IL 60134

Reporting Period: 9/1/2021 through 8/31/2022

Taxpayer Number: 36-3484281

• • •

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>631</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>497</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>6,131</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>66</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>2,301,582</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: _____

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: _____

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: _____



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Kishwaukee Community Hospital

Mailing Address: One Kish Hospital Drive

City, State, Zip: DeKalb, IL 60115

Reporting Period: 9/1/2021 through 8/31/2022

Taxpayer Number: 23-7087041

• • •

1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>429</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>225</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>9,103</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>46</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>3,194,155</u>

4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: 

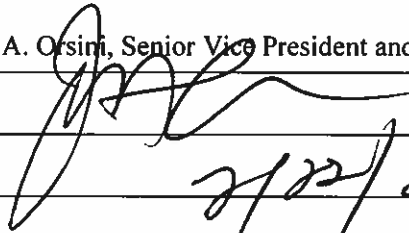
Date: 2/22/23

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: 

Date: 2/22/23

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: 

Date: 2/22/23



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Valley West Community Hospital

Mailing Address: 1302 N. Main Street

City, State, Zip: Sandwich, IL 60548

Reporting Period: 9/1/2021 through 8/31/2022

Taxpayer Number: 36-4244337

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1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>95</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>14</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>1,828</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>5</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>658,535</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, TransUnion, Connance

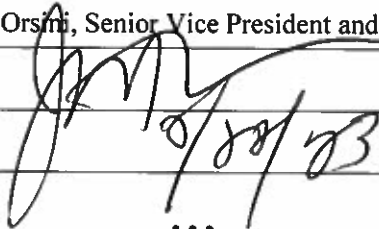
...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature:

Date:


9/29/23

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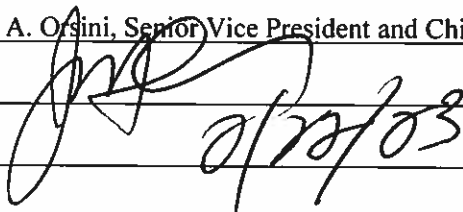
Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature:

Date:


9/29/23

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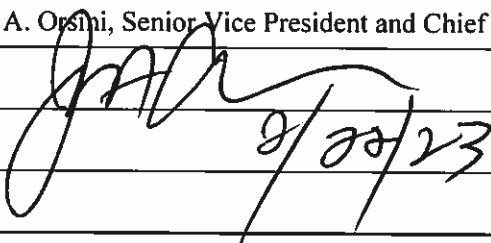
Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature:

Date:


9/29/23



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Northern Illinois Medical Center

Mailing Address: 385 Millennium Dr

City, State, Zip: Crystal Lake, IL 60012

Reporting Period: 9/1/2021 through 8/31/2022

Taxpayer Number: 36-2338884

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1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>807</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>300</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>6,402</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>71</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>6,540,223</u>

4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, Connance, and TransUnion

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, Connance, and TransUnion

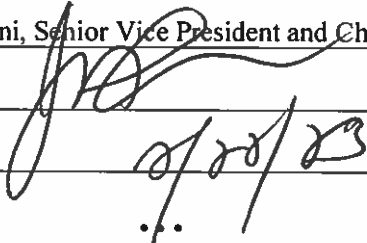
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Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature:

Date:


2/22/23

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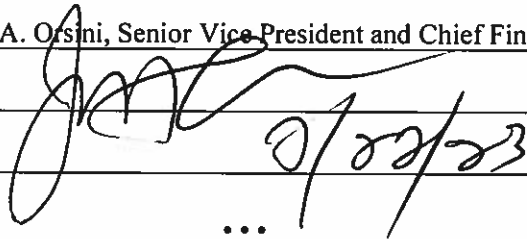
Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature:

Date:


2/22/23

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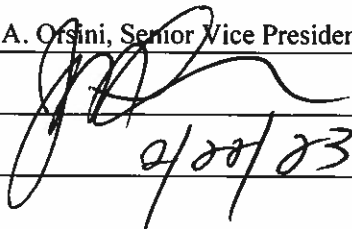
Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature:

Date:


2/22/23



HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Palos Community Hospital

Mailing Address: 12251 S. 80th Avenue

City, State, Zip: Palos Heights, IL 60463

Reporting Period: 9/1/2021 through 8/31/2022

Taxpayer Number: 36-2169179

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1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>2,814</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>559</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>1,262</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>235</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>2,411,318</u>
4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record

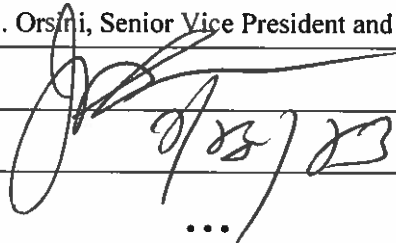
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Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: _____



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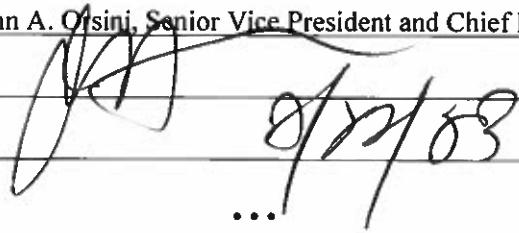
Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: _____



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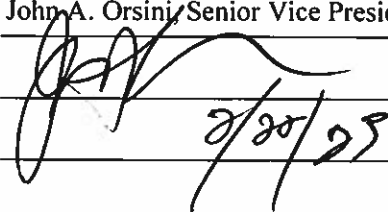
Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: _____





HOSPITAL FINANCIAL ASSISTANCE REPORT

OFFICE OF THE ATTORNEY GENERAL • STATE OF ILLINOIS

Pursuant to 77 Ill. Adm. Code 4500.60, each Illinois hospital must annually provide, in conjunction with the filing of either its Community Benefits Report as required by the Community Benefits Act or its Worksheet C Part I as required by the Hospital Uninsured Patient Discount Act, a Hospital Financial Assistance Report to the Office of the Attorney General. This form shall be completed and filed with the Office of the Attorney General as described below.

Reporting Hospital: Marianjoy Rehabilitation Hospital and Clinic

Mailing Address: 26 W 171 Roosevelt Road

City, State, Zip: Wheaton, Illinois 60187

Reporting Period: 9/1/2021 through 8/31/2022

Taxpayer Number: 36-2680776

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1. Attach a copy of each Hospital Financial Assistance Application form used during the reporting period. If more than one form was used, identify the date any amended form was adopted.
2. Attach a copy of the Presumptive Eligibility Policy in effect during the reporting period, which shall identify each of the criteria used by the hospital to determine whether a patient is presumptively eligible for Hospital Financial Assistance.
3. Provide the following Hospital Financial Assistance statistics for the hospital during the reporting period:

A) The number of Hospital Financial Assistance Applications submitted to the hospital, both complete and incomplete, during the most recent fiscal year:	a) <u>77</u>
B) The number of Hospital Financial Assistance Applications the hospital approved under its Presumptive Eligibility Policy during the most recent fiscal year:	b) <u>12</u>
C) The number of Hospital Financial Assistance Applications the hospital approved outside its Presumptive Eligibility Policy during the most recent fiscal year:	c) <u>200</u>
D) The number of Hospital Financial Assistance Applications denied by the hospital during the most recent fiscal year:	d) <u>1</u>
E) The total dollar amount of financial assistance provided by the hospital during the most recent fiscal year based on actual cost of care:	e) \$ <u>828,529</u>

4. If the Reporting Hospital annually files a Community Benefits Plan Report with the Office of the Attorney General pursuant to the Community Benefits Act, the Hospital Financial Assistance Report shall be filed at the same time as the Community Benefits Plan Report is filed each year. All records and certifications required to be filed under this Part in conjunction with the filing of its Community Benefits Report as required by the Community Benefits Act shall be submitted to:
5. If the Reporting Hospital is not required to annually file a Community Benefits Plan Report with the Office of the Attorney General, the Hospital Financial Assistance Report shall be filed jointly with its Worksheet C Part I from its most recently filed Medicare Cost Report pursuant to the Hospital Uninsured Patient Discount Act. All records and certifications required to be filed under this Part in conjunction with the filing of its Worksheet C as required by the Hospital Uninsured Patient Discount Act shall be submitted to:

Charitable Trusts Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 11th Floor
 Chicago, Illinois 60601

Health Care Bureau
 Office of the Illinois Attorney General
 100 West Randolph Street, 10th Floor
 Chicago, Illinois 60601

6. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, Connance and TransUnion

7. If the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, identify such Electronic and Information Technology so used and the source of such Electronic and Information Technology:

Epic Electronic Health Record, Connance and TransUnion

...

Under penalty of perjury, I the undersigned declare and certify that I have examined this Hospital Financial Assistance Report and the documents attached thereto. I further declare and certify that this Hospital Financial Assistance Report and the documents attached thereto are true and complete.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: _____

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Hospital Financial Assistance Application requirements, complete the following additional certification:

I further declare and certify that each of the Hospital Financial Assistance Application requirements set forth in 77 Ill. Adm. Code 4500.30 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: _____

...

Where the Reporting Hospital utilizes Electronic and Information Technology in the implementation of the Presumptive Eligibility Criteria, complete the following additional certification:

I further declare and certify that each of the Presumptive Eligibility Criteria requirements set forth in 77 Ill. Adm. Code 4500.40 are included in Hospital Financial Assistance Applications processed by Electronic and Information Technology.

Name and Title (CEO or CFO): John A. Orsini, Senior Vice President and Chief Financial Officer

Signature: _____

Date: _____

Personal Demographic Data Collected on Financial Assistance Applications

NMHC and its affiliates are committed to meeting the healthcare needs of those within the NMHC community who are unable to pay for medically necessary or emergency care. This commitment includes providing medically necessary care at free or discounted rates under our Financial Assistance Program. Applications for financial assistance follow a system-standard review process. Applications are approved based upon completion of application, Illinois residency and income or assets within allowable guidelines. In the past, data regarding an applicant's race, ethnicity, sex, or preferred language ("Personal Demographic Data") was neither collected by the financial assistance application nor available for consideration when reviewing the application. Certain Personal Demographic Data has been requested at registration, but patients are not required to provide it. In compliance with revisions to the Illinois Hospital Uninsured Patient Discount Act (HUPDA) and the Illinois Fair Patient Billing Act, NMHC is now requesting Personal Demographic Data on its financial assistance applications. In accordance with those laws, patients may not be required to provide Personal Demographic Data, and such data may not be used in determining the outcome of the application. Because many patients choose not to provide Personal Demographic Data at registration or on their financial assistance application, the Personal Demographic Data provided is incomplete.

In this section, NMHC is providing available Personal Demographic Data for each of The Hospitals as voluntarily provided by patients including:

- The Number of Hospital Financial Assistance Applications Submitted to the hospital, Both Complete and Incomplete, During the Most Recent Fiscal Year (FY2022)
- The Number of Hospital Financial Assistance Applications the Hospital Approved Under its Presumptive Eligibility Policy During the Most Recent Fiscal Year (FY2022)
- The Number of Financial Assistance Applications the Hospital Approved Outside its Presumptive Eligibility Policy During the Most Recent Fiscal Year (FY2022)
- The Number of Hospital Financial Assistance Applications Denied by the Hospital During the Most Recent Fiscal Year (FY2022)
- The Top Most Frequent Reasons for Denial of Financial Assistance Applications by the Hospital During the Most Recent Fiscal Year (FY2022)

The Number of Hospital Financial Assistance Applications Submitted to the hospital, Both Complete and Incomplete, During the Most Recent Fiscal Year (FY2022)

NM Hospital			
NMH	By Race/Ethnicity		
		Hispanic or Latino/a	2,441
		No, Not Hispanic, Latino/a, or Spanish origin	1,359
		Patient Declined to Respond	170
		Patient Unable to Respond	0
		Unknown	2
	By Gender		
		Male	1,141
		Female	2,830
		Unknown	1
		NMH Total Applications Submitted Both Complete and Incomplete in FY2022	3,972
NM LFH			
NM LFH	By Race/Ethnicity		
		Hispanic or Latino/a	1,170
		No, Not Hispanic, Latino/a, or Spanish origin	357
		Patient Declined to Respond	33
		Patient Unable to Respond	0
		Unknown	1
	By Gender		
		Male	452
		Female	1,109
		Unknown	0
		NM LFH Total Applications Submitted Both Complete and Incomplete in FY2022	1,561
NM CDH			
NM CDH	By Race/Ethnicity		
		Hispanic or Latino/a	2,297
		No, Not Hispanic, Latino/a, or Spanish origin	1,184
		Patient Declined to Respond	63
		Patient Unable to Respond	1
		Unknown	5
	By Gender		
		Male	1,000
		Female	2,550
		Unknown	
		NM CDH Total Applications Submitted Both Complete and Incomplete in FY2022	3,550

NM Delnor	By Race/Ethnicity		
		Hispanic or Latino/a	288
		No, Not Hispanic, Latino/a, or Spanish origin	334
		Patient Declined to Respond	8
		Patient Unable to Respond	0
		Unknown	1
	By Gender		
		Male	222
		Female	409
		Unknown	0
	NM Delnor Total Applications Submitted Both Complete and Incomplete in FY2022	631	
NM Kishwaukee	By Race/Ethnicity		
		Hispanic or Latino/a	131
		No, Not Hispanic, Latino/a, or Spanish origin	294
		Patient Declined to Respond	4
		Patient Unable to Respond	0
		Unknown	0
	By Gender		
		Male	161
		Female	268
		Unknown	0
	NM Kishwaukee Total Applications Submitted Both Complete and Incomplete in FY2022	429	
NM Valley West	By Race/Ethnicity		
		Hispanic or Latino/a	19
		No, Not Hispanic, Latino/a, or Spanish origin	75
		Patient Declined to Respond	1
		Patient Unable to Respond	0
		Unknown	0
	By Gender		
		Male	46
		Female	49
		Unknown	0
	NM Valley West Total Applications Submitted Both Complete and Incomplete in FY2022	95	

NM McHenry NM Huntley NM Woodstock (NIMC*)	By Race/Ethnicity		
		Hispanic or Latino/a	316
		No, Not Hispanic, Latino/a, or Spanish origin	479
		Patient Declined to Respond	12
		Patient Unable to Respond	0
		Unknown	0
	By Gender		
		Male	358
		Female	449
		Unknown	0
	NIMC Total Applications Submitted Both Complete and Incomplete in FY2022	807	
NM Palos	By Race/Ethnicity		
		Hispanic or Latino/a	1,847
		No, Not Hispanic, Latino/a, or Spanish origin	962
		Patient Declined to Respond	5
		Patient Unable to Respond	0
		Unknown	0
	By Gender		
		Male	1,050
		Female	1,764
		Unknown	0
	NM Palos Total Applications Submitted Both Complete and Incomplete in FY2022	2,814	
NM MRH	By Race/Ethnicity		
		Hispanic or Latino/a	32
		No, Not Hispanic, Latino/a, or Spanish origin	42
		Patient Declined to Respond	3
		Patient Unable to Respond	0
		Unknown	0
	By Gender		
		Male	43
		Female	34
		Unknown	0
	NM MRH Total Applications Submitted Both Complete and Incomplete in FY2022	77	
	NMHC Total Applications Submitted Both Complete and Incomplete in FY2022	13,936	

*NM McHenry, NM Huntley and NM Woodstock Report Under Northern Illinois Medical Center, as a Single Illinois Department of Public Health (IDPH) Hospital License, all Billing Through a Single Tax ID

The Number of Hospital Financial Assistance Applications the Hospital Approved Under its Presumptive Eligibility Policy During the Most Recent Fiscal Year (FY2022)

NM Hospital			
NMH	By Race/Ethnicity		
	Hispanic or Latino/a	1,901	
	No, Not Hispanic, Latino/a, or Spanish origin	437	
	Patient Declined to Respond	76	
	Patient Unable to Respond	2	
	Unknown	82	
	By Gender		
	Male	490	
	Female	2,006	
	Unknown	2	
	NMH Total Applications Approved Under the Presumptive Eligibility Policy in FY2022		2,498
	NM LFH	By Race/Ethnicity	
Hispanic or Latino/a		813	
No, Not Hispanic, Latino/a, or Spanish origin		134	
Patient Declined to Respond		14	
Patient Unable to Respond		0	
Unknown		21	
By Gender			
Male		174	
Female		805	
Unknown		3	
NM LFH Total Applications Approved Under the Presumptive Eligibility Policy in FY2022		982	
NM CDH		By Race/Ethnicity	
	Hispanic or Latino/a	4,895	
	No, Not Hispanic, Latino/a, or Spanish origin	562	
	Patient Declined to Respond	56	
	Patient Unable to Respond	0	
	Unknown	26	
	By Gender		
	Male	1,340	
	Female	4,199	
	Unknown	0	
	NM CDH Total Applications Approved Under the Presumptive Eligibility Policy in FY2022		5,539

NM Delnor	By Race/Ethnicity		
		Hispanic or Latino/a	337
		No, Not Hispanic, Latino/a, or Spanish origin	154
		Patient Declined to Respond	2
		Patient Unable to Respond	0
		Unknown	4
	By Gender		
		Male	180
		Female	317
		Unknown	0
	NM Delnor Total Applications Approved Under the Presumptive Eligibility Policy in FY2022	497	
NM Kishwaukee	By Race/Ethnicity		
		Hispanic or Latino/a	46
		No, Not Hispanic, Latino/a, or Spanish origin	167
		Patient Declined to Respond	2
		Patient Unable to Respond	0
		Unknown	10
	By Gender		
		Male	97
		Female	128
		Unknown	0
	NM Kishwaukee Total Applications Approved Under the Presumptive Eligibility Policy in FY2022	225	
NM Valley West	By Race/Ethnicity		
		Hispanic or Latino/a	1
		No, Not Hispanic, Latino/a, or Spanish origin	13
		Patient Declined to Respond	0
		Patient Unable to Respond	0
		Unknown	0
	By Gender		
		Male	6
		Female	8
		Unknown	0
	NM Valley West Total Applications Approved Under the Presumptive Eligibility Policy in FY2022	14	

NM McHenry NM Huntley NM Woodstock (NIMC*)	By Race/Ethnicity		
		Hispanic or Latino/a	105
		No, Not Hispanic, Latino/a, or Spanish origin	183
		Patient Declined to Respond	2
		Patient Unable to Respond	0
		Unknown	10
	By Gender		
		Male	107
		Female	193
		Unknown	0
	NIMC Total Applications Approved under the Presumptive Eligibility Policy in FY2022		300
NM Palos	By Race/Ethnicity		
		Hispanic or Latino/a	364
		No, Not Hispanic, Latino/a, or Spanish origin	193
		Patient Declined to Respond	2
		Patient Unable to Respond	0
		Unknown	0
	By Gender		
		Male	140
		Female	419
		Unknown	0
	NM Palos Total Applications Approved Under the Presumptive Eligibility Policy in FY2022		559
NM MRH	By Race/Ethnicity		
		Hispanic or Latino/a	10
		No, Not Hispanic, Latino/a, or Spanish origin	1
		Patient Declined to Respond	1
		Patient Unable to Respond	0
		Unknown	0
	By Gender		
		Male	6
		Female	6
		Unknown	0
	NM MRH Total Applications Approved Under the Presumptive Eligibility Policy in FY2022		12
	NMHC Total Applications Approved Under the Presumptive Eligibility Policy in FY2022		10,626

*NM McHenry, NM Huntley and NM Woodstock Report Under Northern Illinois Medical Center, as a Single Illinois Department of Public Health (IDPH) Hospital License, all Billing Through a Single Tax ID

**The Number of Financial Assistance Applications the Hospital Approved Outside its Presumptive Eligibility Policy
During the Most Recent Fiscal Year (FY2022)**

NM Hospital			
NMH	By Race/Ethnicity		
		Hispanic or Latino/a	10,560
		No, Not Hispanic, Latino/a, or Spanish origin	19,754
		Patient Declined to Respond	1,506
		Patient Unable to Respond	31
		Unknown	48
	By Gender		
		Male	12,573
		Female	19,320
		Unknown	6
		NMH Total Applications Approved Outside Presumptive Eligibility in FY2022	31,899
	NM LFH		
NM LFH	By Race/Ethnicity		
		Hispanic or Latino/a	6,107
		No, Not Hispanic, Latino/a, or Spanish origin	4,804
		Patient Declined to Respond	132
		Patient Unable to Respond	4
		Unknown	6
	By Gender		
		Male	4,687
		Female	6,366
		Unknown	0
		NM LFH Total Applications Approved Outside Presumptive Eligibility in FY2022	11,053
	NM CDH		
NM CDH	By Race/Ethnicity		
		Hispanic or Latino/a	5,719
		No, Not Hispanic, Latino/a, or Spanish origin	12,105
		Patient Declined to Respond	463
		Patient Unable to Respond	259
		Unknown	6,994
	By Gender		
		Male	10,224
		Female	15,316
		Unknown	0
		NM CDH Total Applications Approved Outside Presumptive Eligibility in FY2022	25,540

NM Delnor	By Race/Ethnicity	
	Hispanic or Latino/a	1,835
	No, Not Hispanic, Latino/a, or Spanish origin	4,207
	Patient Declined to Respond	82
	Patient Unable to Respond	1
	Unknown	6
	By Gender	
	Male	2,555
	Female	3,574
	Unknown	2
NM Delnor Total Applications Approved Outside Presumptive Eligibility in FY2022		6,131
NM Kishwaukee	By Race/Ethnicity	
	Hispanic or Latino/a	1,570
	No, Not Hispanic, Latino/a, or Spanish origin	7,473
	Patient Declined to Respond	48
	Patient Unable to Respond	10
	Unknown	2
	By Gender	
	Male	3,920
	Female	5,183
	Unknown	0
NM Kishwaukee Total Applications Approved Outside Presumptive Eligibility in FY2022		9,103
NM Valley West	By Race/Ethnicity	
	Hispanic or Latino/a	280
	No, Not Hispanic, Latino/a, or Spanish origin	1,532
	Patient Declined to Respond	16
	Patient Unable to Respond	0
	Unknown	0
	By Gender	
	Male	884
	Female	944
	Unknown	0
NM Valley West Total Applications Approved Outside Presumptive Eligibility in FY2022		1,828

NM McHenry NM Huntley NM Woodstock (NIMC*)	By Race/Ethnicity		
		Hispanic or Latino/a	1,880
		No, Not Hispanic, Latino/a, or Spanish origin	4,426
		Patient Declined to Respond	80
		Patient Unable to Respond	10
		Unknown	6
	By Gender		
		Male	2,979
		Female	3,418
		Unknown	5
	NIMC Total Applications Approved Outside Presumptive Eligibility in FY2022	6,402	
NM Palos	By Race/Ethnicity		
		Hispanic or Latino/a	610
		No, Not Hispanic, Latino/a, or Spanish origin	651
		Patient Declined to Respond	1
		Patient Unable to Respond	0
		Unknown	0
	By Gender		
		Male	598
		Female	664
		Unknown	0
	NM Palos Total Applications Approved Outside Presumptive Eligibility in FY2022	1,262	
NM MRH	By Race/Ethnicity		
		Hispanic or Latino/a	85
		No, Not Hispanic, Latino/a, or Spanish origin	111
		Patient Declined to Respond	4
		Patient Unable to Respond	0
		Unknown	0
	By Gender		
		Male	125
		Female	75
		Unknown	0
	NM MRH Total Applications Approved Outside Presumptive Eligibility in FY2022	200	
	NMHC Total Applications Approved Outside Presumptive Eligibility in FY2022	93,418	

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**The Number of Hospital Financial Assistance Applications Denied by the Hospital During the Most Recent Fiscal Year
(FY2022)**

NM Hospital			
NMH	By Race/Ethnicity		
		Hispanic or Latino/a	120
		No, Not Hispanic, Latino/a, or Spanish origin	328
		Patient Declined to Respond	32
		Patient Unable to Respond	0
		Unknown	11
	By Gender		
		Male	154
		Female	337
		Unknown	0
	NMH Total Applications Denied in FY2022	491	
NM LFH			
NM LFH	By Race/Ethnicity		
		Hispanic or Latino/a	12
		No, Not Hispanic, Latino/a, or Spanish origin	26
		Patient Declined to Respond	3
		Patient Unable to Respond	0
		Unknown	0
	By Gender		
		Male	22
		Female	19
		Unknown	0
	NM LFH Total Applications Denied in FY2022	41	
NM CDH			
NM CDH	By Race/Ethnicity		
		Hispanic or Latino/a	37
		No, Not Hispanic, Latino/a, or Spanish origin	147
		Patient Declined to Respond	14
		Patient Unable to Respond	0
		Unknown	2
	By Gender		
		Male	52
		Female	148
		Unknown	0
	NM CDH Total Applications Denied in FY2022	200	

NM Delnor			
NM Delnor	By Race/Ethnicity		
		Hispanic or Latino/a	10
		No, Not Hispanic, Latino/a, or Spanish origin	56
		Patient Declined to Respond	0
		Patient Unable to Respond	0
		Unknown	0
	By Gender		
		Male	31
		Female	35
		Unknown	0
	NM Delnor Total Applications Denied in FY2022	66	
NM Kishwaukee			
NM Kishwaukee	By Race/Ethnicity		
		Hispanic or Latino/a	12
		No, Not Hispanic, Latino/a, or Spanish origin	34
		Patient Declined to Respond	0
		Patient Unable to Respond	0
		Unknown	0
	By Gender		
		Male	22
		Female	24
		Unknown	0
	NM Kishwaukee Total Applications Denied in FY2022	46	
NM Valley West			
NM Valley West	By Race/Ethnicity		
		Hispanic or Latino/a	0
		No, Not Hispanic, Latino/a, or Spanish origin	5
		Patient Declined to Respond	0
		Patient Unable to Respond	0
		Unknown	0
	By Gender		
		Male	2
		Female	3
		Unknown	0
	NM Valley West Total Applications Denied in FY2022	5	

NM McHenry NM Huntley NM Woodstock (NIMC)*	By Race/Ethnicity		
		Hispanic or Latino/a	20
		No, Not Hispanic, Latino/a, or Spanish origin	50
		Patient Declined to Respond	1
		Patient Unable To Respond	0
		Unknown	0
	By Gender		
		Male	29
		Female	42
		Unknown	0
		NIMC Total Applications Denied in FY2022	71
NM Palos	By Race/Ethnicity		
		Hispanic or Latino/a	93
		No, Not Hispanic, Latino/a, or Spanish origin	142
		Patient Declined to Respond	0
		Patient Unable to Respond	0
		Unknown	0
	By Gender		
		Male	96
		Female	139
		Unknown	0
		NM Palos Total Applications Denied in FY2022	235
NM MRH	By Race/Ethnicity		
		Hispanic or Latino/a	1
		No, Not Hispanic, Latino/a, or Spanish origin	0
		Patient Declined to Respond	0
		Patient Unable To Respond	0
		Unknown	0
	By Gender		
		Male	0
		Female	1
		Unknown	0
		NM MRH Total Applications Denied in FY2022	1
		NMHC Total Applications Denied in FY2022	1,156

*NM McHenry, NM Huntley and NM Woodstock Report Under Northern Illinois Medical Center, as a Single Illinois Department of Public Health (IDPH) Hospital License, all Billing Through a Single Tax ID.

The Top Most Frequent Reasons for Denial of Financial Assistance Applications by the Hospital During the Most Recent Fiscal Year (FY2022)

Reason For Denial NMHC		
NM Hospital	Most Frequent Reasons for Denial FY2022	Total Applications Denied FY2022
NMH	Income/Assets Exceed Allowable Guidelines	436
	Non-Illinois Resident at Time of Service	38
	Insurance Plan not Contracted With NMHC	17
	Total By Hospital	491
NM LFH	Income/Assets Exceed Allowable Guidelines	38
	Non-Illinois Resident at Time of Service	3
	Total By Hospital	41
NM CDH	Income/Assets Exceed Allowable Guidelines	188
	Non-Illinois Resident at Time of Service	5
	Insurance Plan not Contracted With NMHC	7
	Total By Hospital	200
NM Delnor	Income/Assets Exceed Allowable Guidelines	63
	Insurance Plan not Contracted With NMHC	3
	Total By Hospital	66
NM Kishwaukee	Income/Assets Exceed Allowable Guidelines	45
	Insurance Plan not Contracted With NMHC	1
	Total By Hospital	46
NM Valley West	Income/Assets Exceed Allowable Guidelines	4
	Insurance Plan not Contracted With NMHC	1
	Total By Hospital	5
NM McHenry	Income/Assets Exceed Allowable Guidelines	66
	Non-Illinois Resident at Time of Service	5
NM Huntley		
NM Woodstock (NIMC)*	Total By Hospital	71
NM Palos	Not Tracked Under the NM Palos Financial Assistance Policy	
	Total By Hospital	235
NM MRH	Income/Assets Exceed Allowable Guidelines	1
	Total By Hospital	1
NMHC Total by Hospital		1,156

Top Reasons For Denial NMHC		
Income/Assets Exceed Allowable Guidelines		
Total Applications Denied in FY2022*		841
By Race/Ethnicity	Hispanic or Latino/a	200
	No, Not Hispanic, Latino/a, or Spanish origin	596
	Patient declined to respond	41
	Unknown	4
By Gender	Male	289
	Female	552
Non-Illinois Resident at Time of Service		
Total Applications Denied in FY2022*		51
By Race/Ethnicity	Hispanic or Latino/a	10
	No, Not Hispanic, Latino/a, or Spanish origin	28
	Patient declined to respond	6
	Unknown	7
By Gender	Male	15
	Female	36
Insurance Plan not Contracted With NMHC		
Total Applications Denied in FY2022*		29
By Race/Ethnicity	Hispanic or Latino/a	2
	No, Not Hispanic, Latino/a, or Spanish origin	22
	Patient declined to respond	3
	Unknown	2
By Gender	Male	8
	Female	21
Top Reasons For Denials Total Applications Denied in FY2022		921

*Total Applications Denied in FY2022 is Combination of Hospital Totals.

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